Addictive & Mental Disorders Division

2011 Biennium Budget Request
Supporting Information

Department of Public Health and Human Services
Addictive and Mental Disorders Division

Supporting Information - 2009 Legislative Session

Division Administration

The **Addictive and Mental Disorders Division Administration** includes the Operations Bureau and the staff to support the operation of the division, providing information services, program reporting, data management, contract management, procurement, and budget development. The Administrator's office also includes the Behavioral Health Program Facilitator and the Suicide Prevention Coordinator.

Since July 2006, the Departments of Corrections and Public Health and Human Services have worked together on a collaborative effort to bridge needed services for a very vulnerable and difficult to manage population. The departments identified a need for consistent treatment strategy and modality across their two systems for offenders with serious mental illnesses and co-occurring substance use disorders. The failure of these systems to connect effectively endangers lives, wastes money, and threatens public safety. A shared and consistent treatment modality will support and enable diversion from secure correctional facilities and inpatient mental health facilities, and will provide linkages for appropriate aftercare services upon discharge.

The 2007 Legislature created a statewide suicide prevention coordinator. The position is responsible for coordinating all suicide prevention activities being conducted by DPHHS, including those in AMDD, Health Resources Division, and Public Health and Safety and coordinate with any suicide prevention activities that are conducted by other state agencies, including the Office of Public Instruction, Department of Corrections, Department of Military Affairs, and the University System. Additionally, the coordinator is responsible for developing a biennial suicide reduction plan, directing a statewide suicide prevention program, and development of a suicide crisis hotline that is staffed by paid, trained employees around the clock.

Contact Information

Contacts for information regarding the Addictive and Mental Disorders Division:

Lou Thompson	Division Administrator	444-3969	lothompson@mt.gov
Bob Mullen	Deputy Administrator	444-3518	bmullen@mt.gov
Jerry Foley	Chief Financial Officer	444-7044	gfoley@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures by Program and Funding

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Division Administration & Operations	15.00	N/A	905,441	158,926	157,878	420,508

Statutory Authority

Statutory authority for the division is provided in Title 53, Chapter 21, parts 1 through 7 and part 10, MCA and PL 102-321, CFR for mental health and Title 53, Chapters 1 and 24 and Title XIX of the Social Security Act.

Behavioral Health Program Facilitator

Accomplishments

- Funding and implementation of Mental Health Services and Prescriptions programs. These two programs provide critical mental health services and medications to offenders not eligible for other publicly funded mental health programs. Access to medication support, outpatient therapy and case management assists these offenders as they transition from secure facilities to community corrections programs and reduces risk factors for recidivism.
- Development, adoption, implementation and evaluation of biennial Strategic Plan. This cross-agency plan guides our efforts to serve the needs of offenders with serious mental illness, to reduce barriers, to share information and resources and to better align treatment methods.
- Design and implementation of agreement, procedures and protocols to serve offenders sentenced under a Guilty but Mentally Ill conviction. This agreement brings the expertise and services of the Department of Public Health and Human Services, the Department of Corrections and the Board of Pardons and Parole together to serve the target population. The goal of the partnership is to treat offenders the same with regard to sentence calculation, victim notification and tracking their status through the criminal justice system regardless of which department has custody of the offender.

Challenges

- The most significant barrier to serving the target population is a lack of electronic data for offenders health care records and very limited integration between information systems within DPHHS and DOC. Efforts are underway to develop data bridges for specific information to better enable the two departments to serve, track and evaluate this population and to determine the effectiveness of new and existing programs.

Suicide Prevention Coordinator

Accomplishments

- SOS (Signs of Suicide) Program introduced into 102 Montana secondary schools
- Upgraded the State suicide Prevention Crisis Line with staff, computers, data bases, and phone lines
- Created a Strategic Suicide Prevention Plan with data, resources, goals and objectives

Challenges

- Loss of funding (Garrett Lee Smith Grant)
- Continued stigma surrounding depression and suicide

Mission

To implement and improve an appropriate statewide system of prevention, treatment and rehabilitation for individuals with addictive and mental disorders by:

- Providing information, education and assistance;
- Guiding the development of innovative, recovery-based services;
- Providing a range of quality, customer-focused services; and
- Operating within a cost-effective service delivery system.

Framing the Challenge

- Data from the World Health Organization show that mental illness is the leading cause of disability in North American adults. Substance abuse is the second leading cause of disability.

- Neuropsychiatric disorders, which include mental illness and substance abuse, are more significant contributors to the disease burden worldwide that are other non-communicable diseases, such as heart disease and cancer.

- The consequences of untreated or under-treated mental illness, substance use disorders, and co-occurring disorders are severe.

    - Almost one-fourth of all stays in US community hospitals (7.6 million or nearly 32 million stays) involved depression, bipolar disorder, schizophrenia, and other mental health disorders or substance use disorders

    - Two-thirds of the US homeless population are adults with chronic alcoholism, drug addiction, mental illness, or some combination of the three

    - Approximately 16% to 23% of jail, state and federal prison inmates have a serious mental disorder

    - Adults with serious mental illness die 25 years sooner than those who do not have a mental illness.

- In 2008, the Division provided mental health services to about 1 in 32 Montana adults.

- One of the most distressing and preventable consequences of undiagnosed, untreated, or under-treated mental illnesses is suicide. Montana ranks in the top 5 in the nation for incidence of suicide.

- In Montana, alcohol continues to be the drug of choice.

- In Montana, it is estimated that 50 – 60 % of our citizens who have a mental illness also have a substance use disorder.

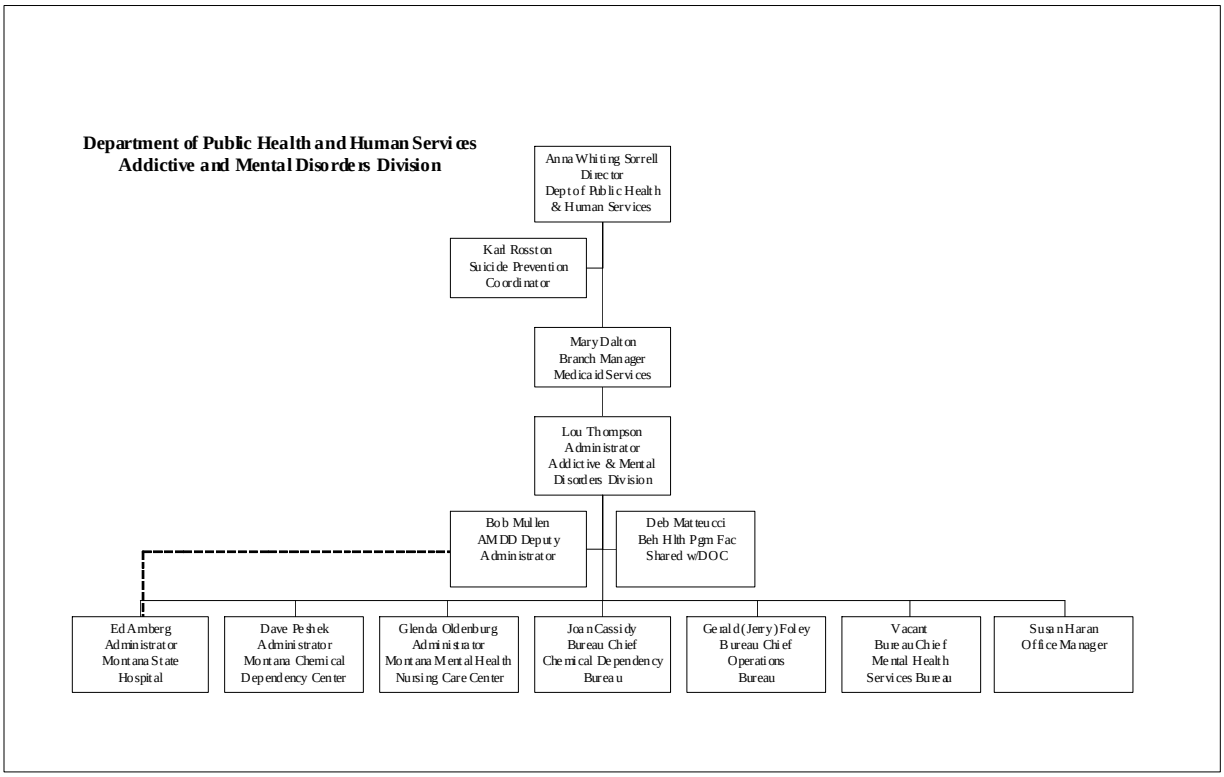
What Does the Addictive & Mental Disorders Division Do?

- Provides structure for development of recovery-based services and care systems.
- Works with the public and advocates to reduce stigma .
- Provides a forum for comprehensive strategic planning.
- Provides information about mental health and substance abuse to the public.
- Participates in the planning and delivery of statewide prevention activities, primarily in the area of substance abuse.
- Manages a federal grant that targets services to address homelessness of individuals with mental illness.

- Provides a public sector advocacy, planning, and services coordination role with other state agencies.

- The Division manages community programs:
  - Medicaid-funded mental health programs for adults
  - Medicaid-funded chemical dependency programs for children and adults
  - the Mental Health Services Plan for adults not eligible for Medicaid
  - chemical dependency programs for children and adults funded with federal funds and alcohol tax revenues
  - community services for uninsured participants targeted at preventing more costly psychiatric crises and diversion from the most intensive levels of care.

- The Division manages three state institutions:
  - Montana State Hospital (MSH) in Warm Springs
  - Montana Mental Health Nursing Care Center (NCC) in Lewistown
  - Montana Chemical Dependency Center (MCDC) in Butte



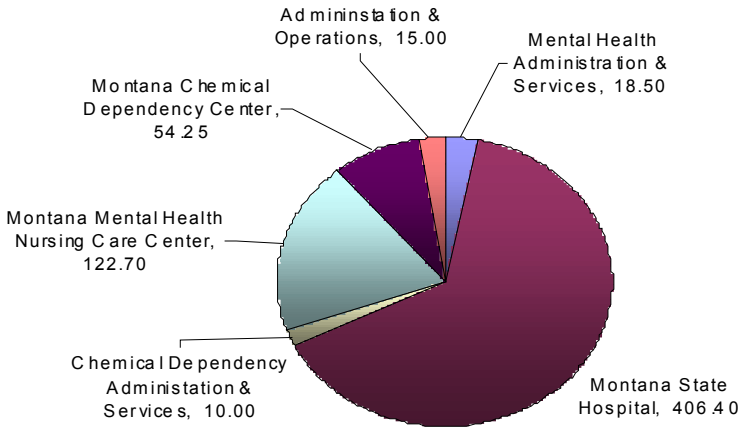
Addictive & Mental Disorders Division
Base Budget and FTE – SFY 2008

SFY 2008 Total Base Expenditures by Program and Funding

Program	FTE	NUMBER SERVED	FUNDING ($) GF	SSR	FED GRANTS	FED MEDICAID	TOTAL
Mental Health Administration & Services	18.50	17,583	16,479,033	4,757,896	1,526,993	25,538,763	48,302,685
Montana State Hospital	406.40	919	28,808,461	422,963	-	-	29,231,424
Montana Mental Health Nursing Care Center	122.70	116	7,693,018	-	-	-	7,693,018
Chemical Dependency Administration & Services	10.00	8,521	1,990,356	686,650	8,398,967	1,055,920	12,131,893
Montana Chemical Dependency Center	54.25	705	-	3,791,337	457,083	-	4,248,420
Division Administration & Operations	15.00	N/A	905,441	158,926	157,878	420,508	1,642,753
Total	626.85	27,850	55,876,309	9,817,772	10,540,921	27,015,191	103,250,193

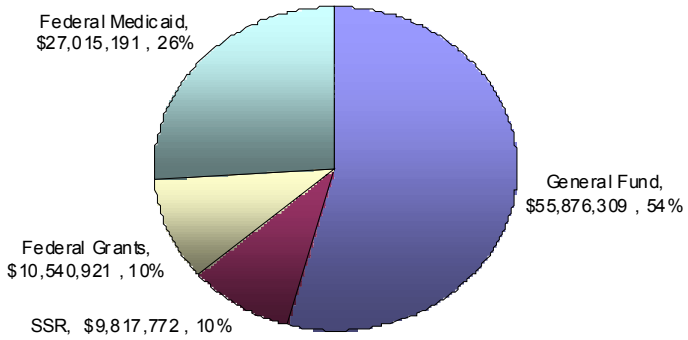
We estimate that roughly 23,000 Montanans received one or more of the services offered by AMDD during SFY 2008. An unduplicated count of all individuals is not possible with the division's current data resources.

Addictive & Mental Disorders Division
Employees (FTE) By Program – SFY 2008



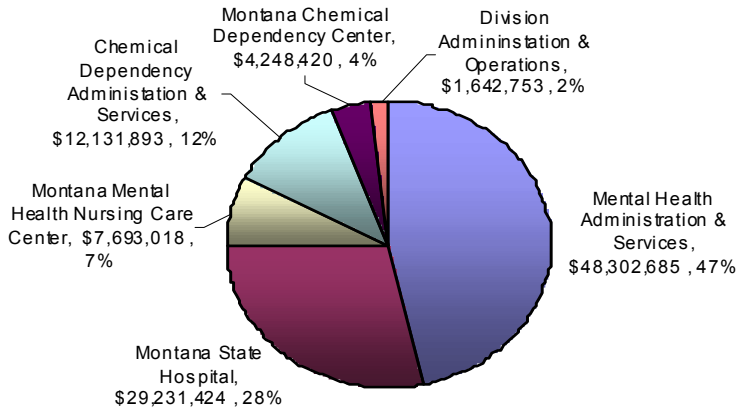
Total FTE 626.85

Addictive & Mental Disorders Division
Funding Sources – SFY 2008 Actual Base Expenditures



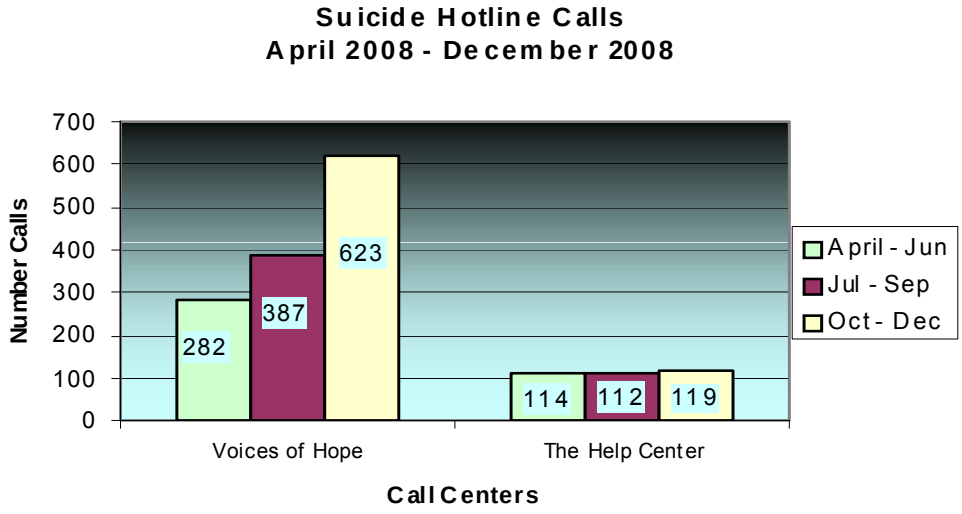
TOTAL $103,250,193

Addictive & Mental Disorders Division
SFY 2008 Actual Expenditures By Program



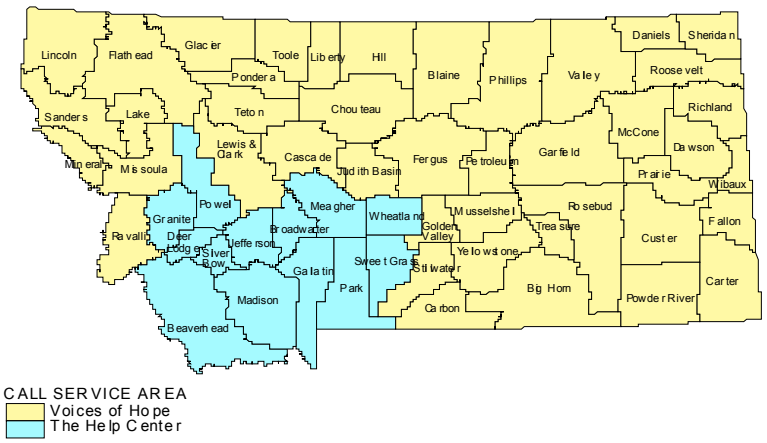
Total $103,250,193

Suicide Prevention Program – Calls Received



Source: MSH Program Reports

Suicide Prevention Crisis Line - Call Service Areas



Source: MSH Program Reports

Addictive & Mental Disorders Division
Alcohol Tax Distribution – Program Description

The State of Montana collects taxes on the sale of beer, wine, and liquor (collectively called alcohol taxes). The amount of the tax varies by the type of commodity (MCA 16-1-404, 16-1-406, 16-1-411).

The Department of Public Health and Human Services (DPHHS) receives earmarked distributions from the taxes collected by the state on alcohol sales:

- Liquor – 65.50%
- Beer – 23.26%
- Wine – 31.00%

The remainder of the taxes collected goes to the state general fund.

Statute (53-24-108, MCA) requires specific statutory distributions within the amount received by the department:

- 20% is distributed to counties as a pass-through to county identified alcohol and drug providers,
- 6.6% is distributed to the AMDD for co-occurring programs, and
- any fund balance that remains at the end of each fiscal year is also distributed to counties for their respective alcohol and drug programs (53-24-206 (3)(b), (MCA) in the next fiscal year.

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Addictive & Mental Disorders Division

MSH Bond Costs – Program Description

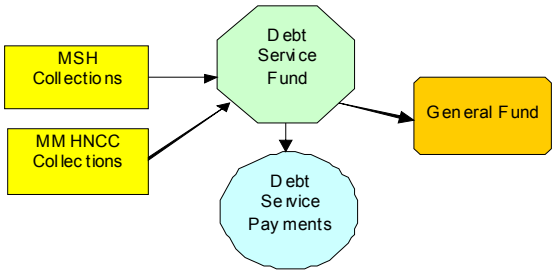
Debt service payments for the new Montana State Hospital (MSH) building are statutory obligations of the state. Payments are made on revenue bonds issued to build the facility. The $25.915 million revenue bond was issued in 1997 with a repayment cycle of 25 years (through 6/1/2022). The bond agreement calls for one principal payment and two interest payments per year.

The sources supporting the revenue bond are collections for services at the Montana Mental Health Nursing Care Center (MMHNCC) and the MSH.

Addictive & Mental Disorders Division

MSH Bond Costs – Program Description (continued)

The agreement with the bondholders requires that all collections at the MMHNCC and the MSH are dedicated to retirement of the MSH building debt. Therefore, all revenue collections are deposited in a debt service fund. Distributions from the debt service fund are, first to make the annual principal and interest payments and, second to deposit all excess revenues beyond the debt service needs to the general fund. The process is presented graphically:



Overview of Mental Health Services

The **Mental Health Services Bureau** is responsible for the development and operation of the state's system for delivering and reimbursing publicly funded mental health services for individuals age 18 and older in a community setting. Co-occurring treatment needs are considered the expectation, not the exception. A strong emphasis is focused on recovery with the use of evidence based practices. In SFY 2008, 17,583 individuals received services from the network of community providers. This number includes both Medicaid-eligible recipients as well as those participating in the Mental Health Services Plan for adults with serious mental illness who are not eligible for Medicaid.

The bureau employs 18.5 FTE. Ten full time employees are based in Helena and are responsible for oversight and management of community services including development and implementation of new service models, quality assurance, maintenance and revision of administrative rules, policies and procedures, and administration of Federal grants. The Community Program Officers (5) are liaisons between the central office and community providers, stakeholders, and consumers with emphasis on planning, coordination, operation, and monitoring of community services. Community Liaison Officers (5 - .5FTE each) are also based in communities to provide linkage and support for individuals discharged from Montana State Hospital and to assist with transition from the hospital to a community.

Mental health services are provided by licensed mental health centers, hospitals, community health centers, and private practitioners who are enrolled with the state's fiscal intermediary (ACS). Services include an array of inpatient and outpatient therapies as well as services provided under the rehabilitation option in the Medicaid State Plan. The **Medicaid** mental health program reimburses for an array of mental health therapies, medication management, therapeutic living, crisis and rehabilitation services for low income individuals having a severe and disabling mental illness.
The Medicaid mental health program provides about 80% of the public mental health services delivered in community settings, not including the Medicaid pharmacy program. In FY2007, the Department received a 1915(c) Waiver to provide Home and Community Based Services to individuals with severe disabling mental illness who meet nursing home level of care. Up to 125 slots are available; currently 93 individuals are receiving services in three designated service areas.

The **Mental Health Services Plan (MHSP)** is a non-Medicaid mental health program for individuals up to 150% of the federal poverty level who have a severe and disabling mental illness. The program provides community-based mental health services through licensed mental health centers, community health clinics, and private practitioners with prescriptive authority. The MHSP includes a capped monthly pharmacy benefit of $425 per month. The program does not provide an inpatient benefit.

The Mental Health Bureau administers two programs for the uninsured population. The 72-Hour Presumptive Eligibility Program for Crisis Stabilization provides short term stabilization for adults in either a hospital or community mental health setting. Services are available to those who voluntarily consent to treatment. In March 2008, the Department, working with the Governor's office, implemented Goal 189, a program of funding to assist patients at Montana State Hospital in returning to the community following a period of hospitalization. Assistance has ranged from specialized residential services to non-psychotropic medications. Both of these programs have contributed to the decline in the average daily census at the state hospital.

PATH (Pathways for Assistance in Transition from Homelessness) services are provided through distribution of federal funds in contracts with licensed mental health centers across the state. Services for individuals who have serious mental illness and who are homeless include outreach, case management, and referral for screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health and alcohol or drug services. In FY2007, 937 individuals were enrolled in PATH. Many received assistance in applying for housing and in accessing primary health care.

PASRR (Pre-Admission Screening and Resident Review) screening is provided through contracts with licensed mental health centers to assess an individual's need for inpatient psychiatric care when a request has been made for a nursing home placement.

In the 2011 biennium, the department seeks to sustain community crisis services implemented during the 2009 biennium with the request for funds to continue 72-hour crisis services for uninsured adults, to develop a statewide system of psychiatric support using the existing telemedicine network, and to provide additional community support services.

Contact Information

The contacts for information regarding Mental Health Services:

Title	Name	Phone Number	E-mail address
Division Administrator	Lou Thompson	444-3969	lothompson@mt.gov
Bureau Chief	vacant	444-9657	
Chief Financial Officer	Gerald (Jerry) Foley	444-7740	gfoley@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures by Program and Funding

	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Mental Health Administration & Services	18.50	17,583	16,479,033	4,757,896	1,526,993	25,538,763

Statutory Requirements, Significant Issues and Major Accomplishments

Statutory Authority:

Title 53. Social Services and Institutions
Chapter 21. Mentally Ill
P.L. 102-321, CFR

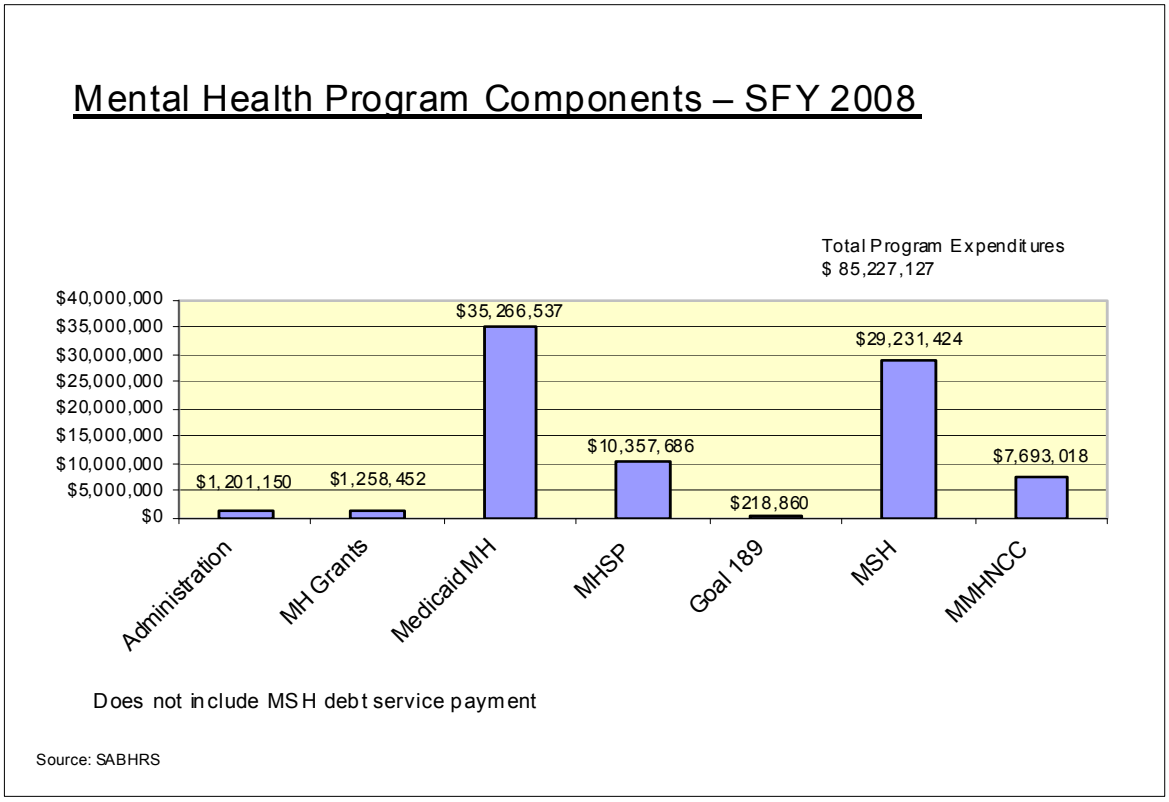
Accomplishments

- Development and implementation of the 72 Hour Presumptive Eligibility Program for Crisis Stabilization. There was no model for this program anywhere in the country.
- Continued development and implementation of Home and Community Based Waiver for persons with serious mental illness. This was the second such waiver in the country.
- Expansion of provider network for Mental Health Services Plan and transition from contract-based program to fee-for-service reimbursement model.

- Continuing active support for established evidence-based practices in Montana (Assertive Community Treatment, Dialectical Behavior Therapy, Illness Management and Recovery).
- Collaboration with providers and consumers, across systems, to develop co-occurring capability standards for the services provided to individuals receiving publicly funded mental health and /or chemical dependency treatment.
- Goal 189 – provides funding for individuals who are difficult to discharge from Montana State Hospital because of specialized needs.

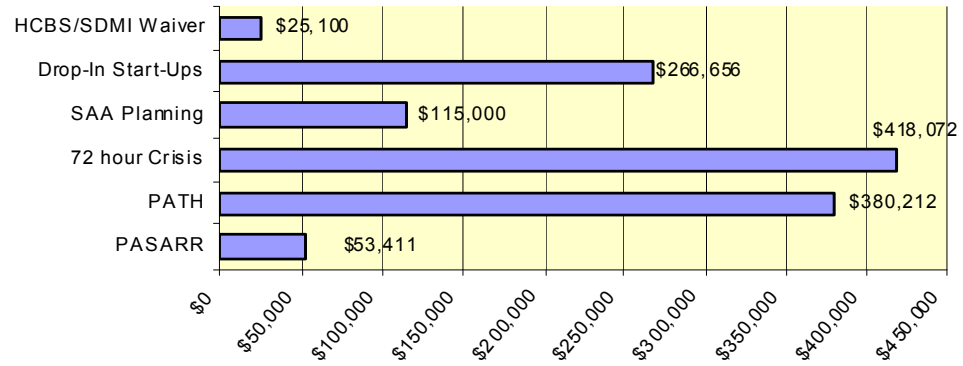
Challenges

- Claims payment system that is inadequate to meet the needs of new programs being developed by the division.
- Some providers have been reluctant to participate in service delivery changes or to improve service standards.



Mental Health Grant Program Expenditures – SFY 2008

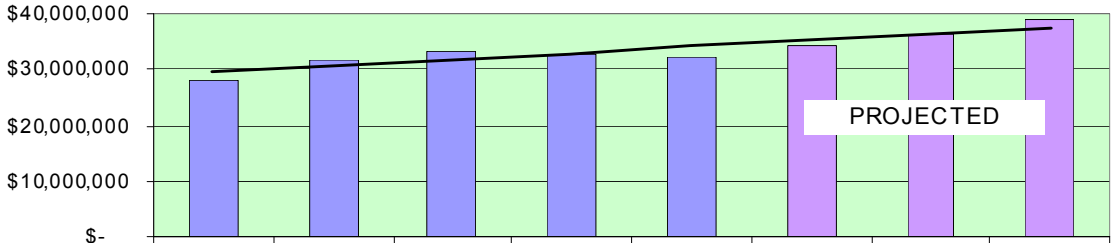
Total Program Expenditures
$ 1,258,452



Source: SABHRS

Mental Health Medicaid Benefits
Historical Expenditures

Mental Health Medicaid Expenditures
SFY 2004 - SFY 2011 Projected



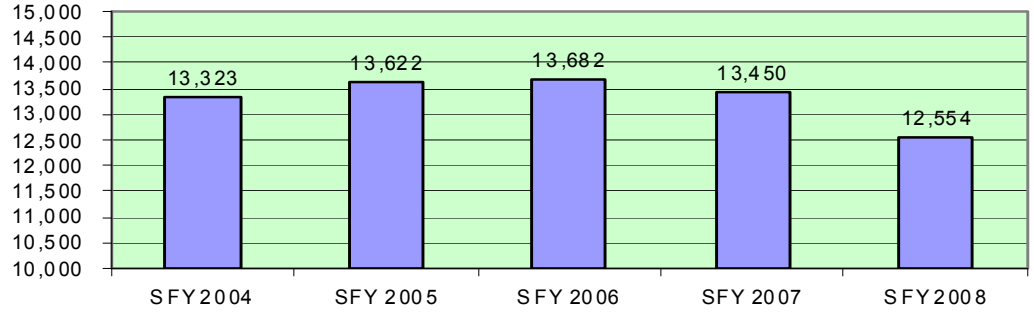
	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008 *	SFY 2009	SFY 2010	SFY 2011
Expenditures	$28,284,969	$31,457,794	$33,381,250	$32,934,592	$32,229,622	$34,334,317	$36,417,468	$38,655,548

Does not include HCBS/SDMI Waiver or Institutional Medicaid

* Personal Care services transferred to SLTC Division SFY 2008 ($1,501,743)

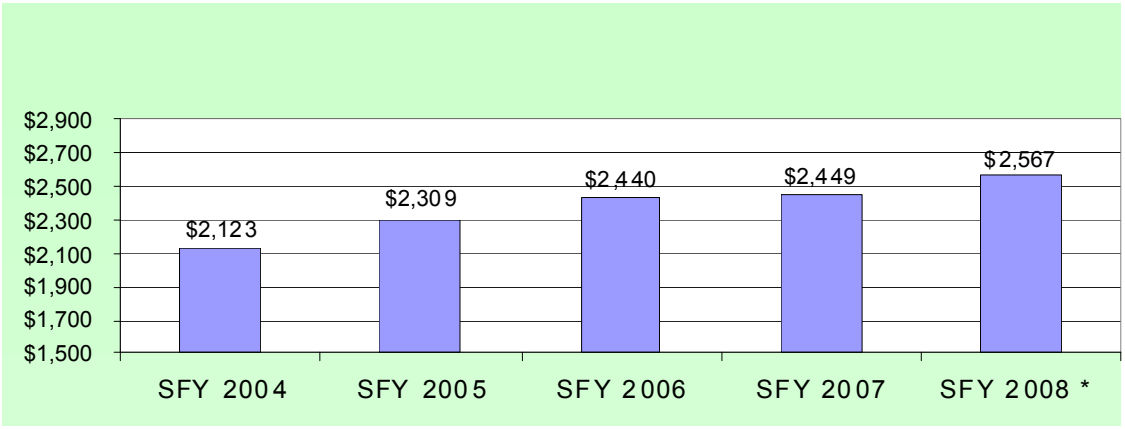
Source: DPHHS/OPCA

Mental Health Historical Medicaid Recipients



Source: Query Path

Mental Health Medicaid
Average Cost Per Recipient - SFY 2004 – SFY 2008



* SFY 2008 not complete

Source: Query Path

Mental Health Medicaid
Recipients by Age SFY 2006 – SFY 2008

Age Bands	SFY 2006	SFY 2007	SFY 2008	% Change 2006 - 2008
18 TO 20	978	967	959	-1.9%
21 TO 34	3,868	3,830	3,659	-5.4%
35 TO 44	2,869	2,647	2,448	-14.7%
45 TO 54	2,758	2,805	2,624	-4.9%
55 TO 64	1,475	1,514	1,462	-.9%
65 PLUS	2,233	2,195	1,957	-12.4%
TOTAL Unduplicated	13,682	13,450	12,554	-8.2%

Source: Query Path

Mental Health Medicaid Benefits – 2008 Services

	Recipients	Expenditures
Crisis Response Services		
Inpatient Hospital	670	$ 2,075,573
Crisis Intervention Facility	309	$ 1,339,912
Subtotal – **11.1% of Total**		**$ 3,415,485**
Community Rehabilitation Services		
Targeted Case Management	3,302	$ 9,006,690
Day Care	1059	$ 2,441,639
Personal Care	Transferred to SLTC Division	
Intensive Community Based Rehabilitation	24	$ 1,653,203
Community Rehabilitation & Support	584	$ 1,265,069
Group Home	204	$ 2,348,999
Foster Care	120	$ 1,537,286
PACT	355	$ 4,145,100
Subtotal – **72.6% of Total**		**$22,397,986**

Source: Query Path

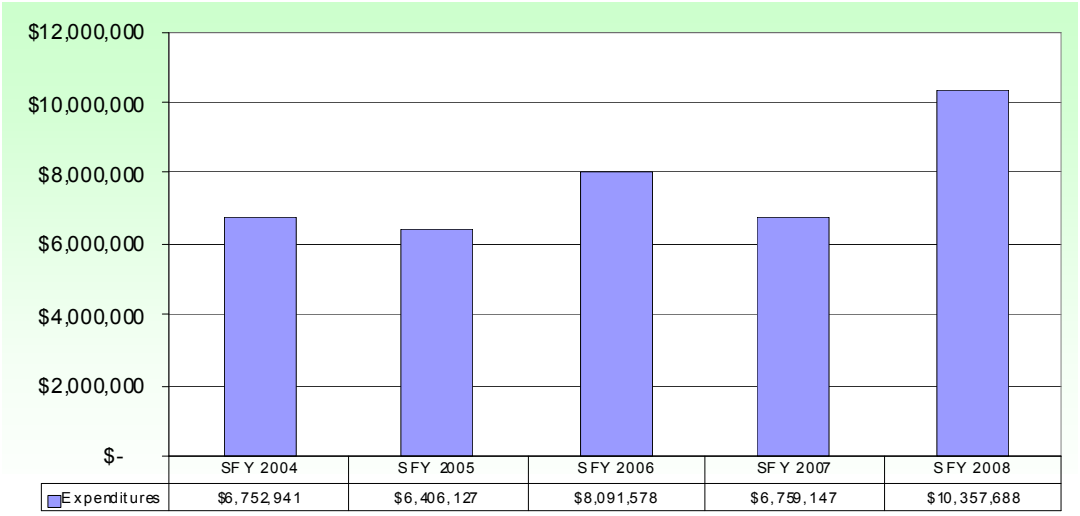
Mental Health Medicaid Benefits – 2008 Services

	Recipients	Expenditures
Pharmacy and Therapy Services		
Outpatient Hospital	3,144	$ 468,920
Lab & X-ray	412	$ 20,587
Physician	5,318	$ 532,948
Psychiatrist	3,651	$ 1,418,756
Mid-Level Practitioner	2,338	$ 281,046
Social Worker	1,999	$ 523,755
Licensed Professional Counselor	3,248	$ 1,113,257
Psychologist	953	$ 230,425
Rural Health Clinic	802	$ 163,851
Federally Qualified Health Center	1,233	$ 258,499
Other	23	$ 12,831
Subtotal – 16.3% of Total		**$ 5,024,875**
Total	**12,554**	**$30,838,346**

Paid claims through November, 2008. Does not include HCBS/SDMI Waiver or Institutional Medicaid (SNF/ICF) data.

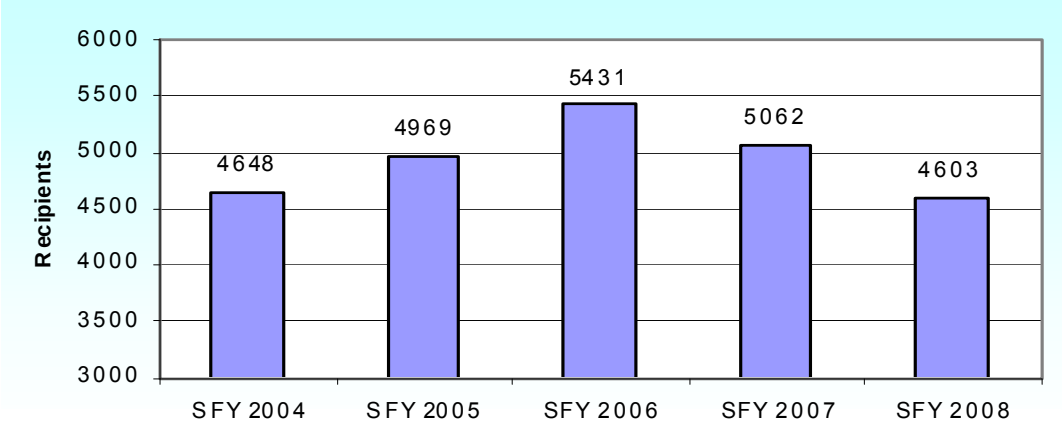
Source: Query Path

Mental Health Services Plan (MHSP)
Historical Expenditures SFY 2004 – SFY 2008



Source: SABHRS

Mental Health Services Plan (MHSP)
Historical Recipients SFY 2004 – SFY 2008



SFY 2008 not complete

Source: Query Path

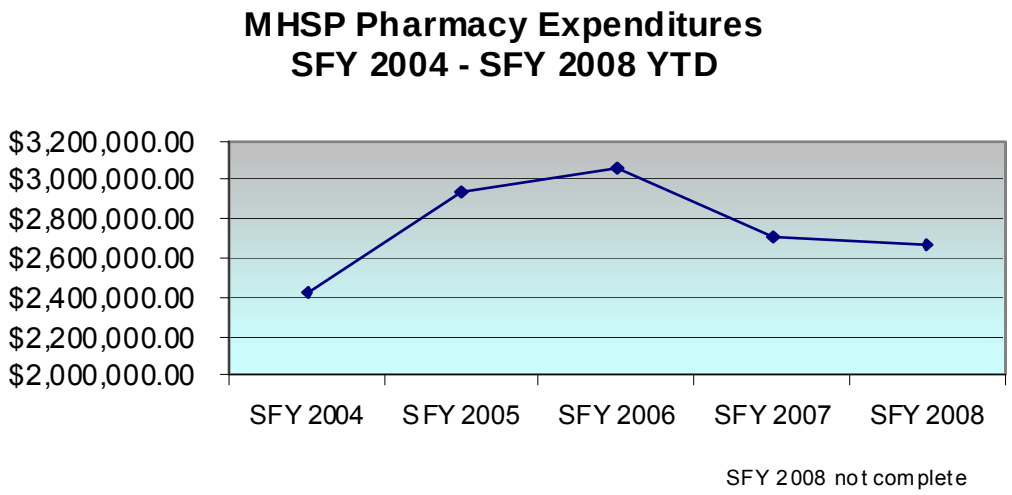
Mental Health Services Plan – 2008 Services

Service Categories	Expenditures
Mental Health Center Contracts	$ 6,256,451
Drugs	$ 2,768,810
Fee-for-Service	$ 263,706
Program of Assertive Community Treatment (PACT)	$ 977,754
Youth Treatment Center Services	$ 91,945
Recovery Grants	$ 384,891
Administration	$ 86,102
Collections/TPL	$ (471,979)
Total	$ 10,357,686

Fee-for Service claims were paid to medication management providers, such as psychiatrists, physicians, mid-level practitioners beginning February 1, 2008.

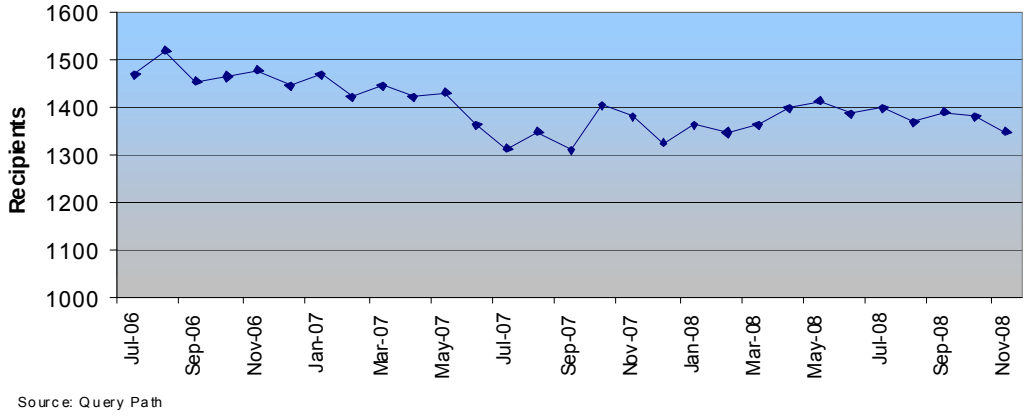
Source: SABHRS

Mental Health Services Plan – Pharmacy Expenditures



Source: Query Path

Mental Health Services Plan – Historic Pharmacy Recipients – July 2006 – November 2008



Source: Query Path

Mental Health Services Plan – Recovery Grants SFY 2009

Program	Short Description	2009 Grant
Poverello Center (Missoula)	Recovery oriented Mental health drop in center	$ 52,225
Winds of Change (Missoula)	Mobile mental health treatment team for rural areas	$ 74,872
Recovery International (Butte/Deer Lodge)	Mental health support groups on how to change thoughts and behaviors	$ 29,532
Rocky Mountain Development Center (Helena)	Compeer program best practices support program	$ 61,508
Lake County	Provide suicide prevention training	$ 2,080
Western Montana MHC (Butte)	Development of a consumer-run employment agency	$ 85,508
Rocky Mountain Development Center (Helena)	Recovery oriented Mental health drop in center	$110,186
Western Montana MHC (Missoula)	Consumer-run adult foster care homes	$ 59,089
Total		$475,000

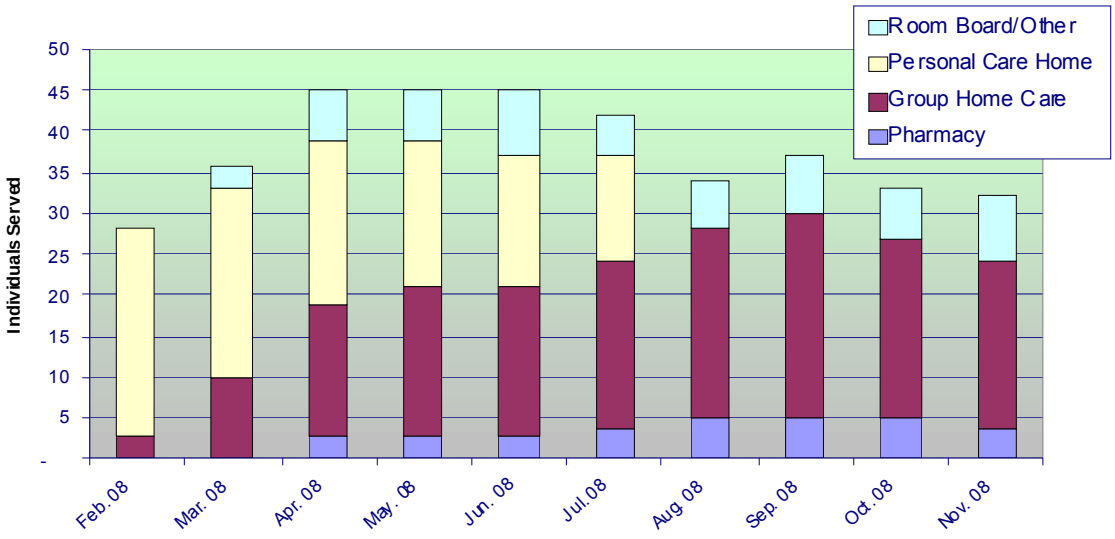
Mental Health Services Plan – 2011 Biennium Fund Uses

MHSP Intended Use Plan – 2011 Biennium

Purpose	**SFY 2010**	**SFY 2011**
MHSP Fee-for-Service	**$ 7,100,725**	**$ 7,100,725**
MHSP Pharmacy *	**$ 3,433,968**	**$ 3,433,968**
MHSP Recovery Grants	**$ 475,000**	**$ 475,000**
Total MHSP	**$ 11,009,693**	**$ 11,009,693**

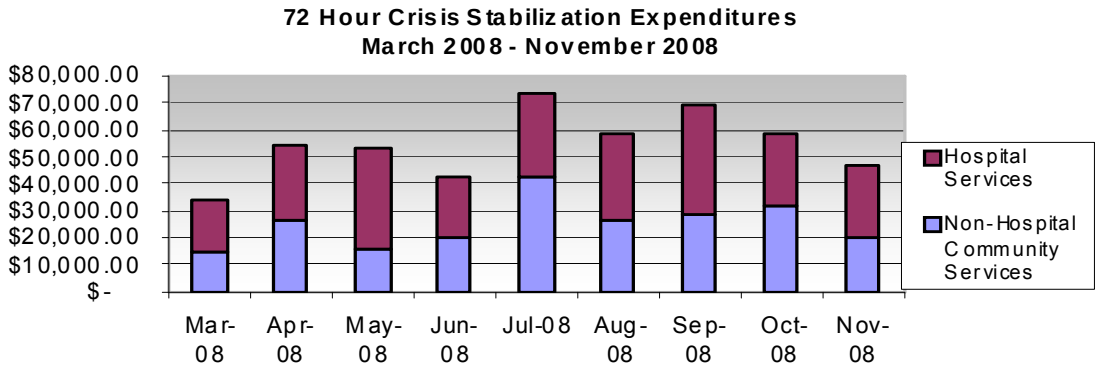
*** Biennial Appropriation**

Goal 189 – Individuals Served
Feb. 2008 – Nov. 2008



Source: AWACS

72 Hour Presumptive Eligibility & Crisis Stabilization
Expenditures March 2008 – November 2008



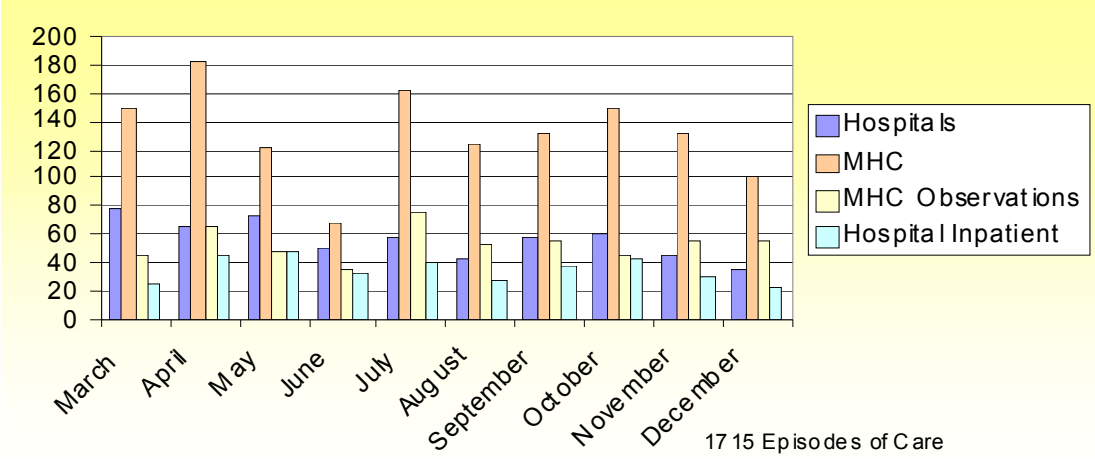
Claims paid thru 12/31/08

SFY 2008 Total $183,226

SFY 2009 YTD $307,999

Source: QueryPath

72 Hour Presumptive Eligibility & Crisis Stabilization
Authorizations March – December 2008



Does not include assessment authorizations

1715 Episodes of Care

1363 Unduplicated Individuals Served

889 Not Enrolled in MHSP

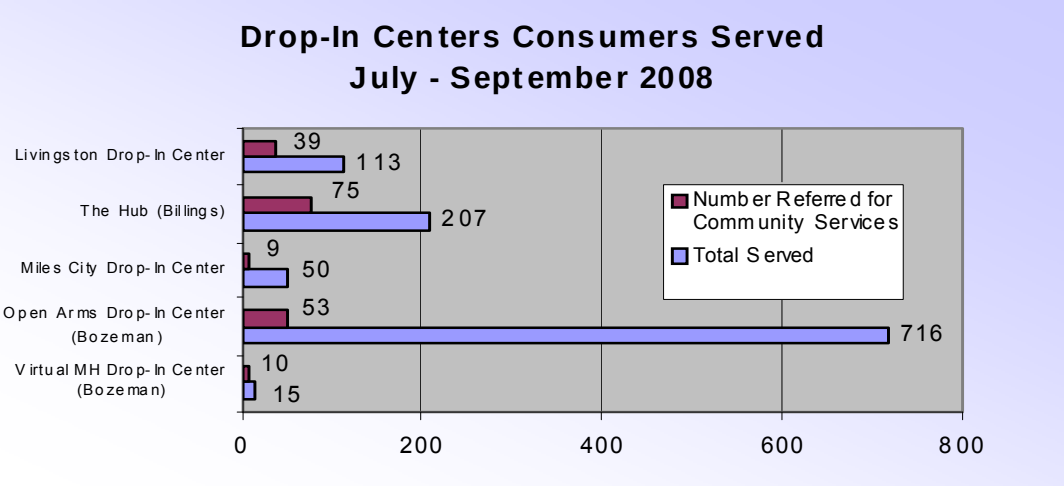
Source: AMDD Program Records

72 Hour Presumptive Eligibility & Crisis Stabilization
Program Facts

- 7 pilot communities (Billings, Bozeman, Butte, Hamilton, Helena, Miles City, Missoula), others added (Glasgow, Glendive, Kalispell); not all hospitals participating
- Early months plagued with variety of reimbursement related problems
- Reimbursement continues to lag
- Number of critical access hospitals await continued funding for program, although many hospitals remain concerned about level of reimbursement
- Through December 2008, program has provided community-based intensive crisis intervention services to an average of 89 per month since March 2008
- Primary source of referral
  - Self
  - Hospital emergency departments
  - Law enforcement
- 59% considered suicidal adults that accepted treatment
- 65% were not MHSP eligible at program admission
- Over 1/3 were under the influence of alcohol and/or other drugs at time of crisis
- 22% have been homeless
- Over 5% reported victims of domestic violence
- Since program start, 228(1363 total) individuals have been served multiple times
- 60 individuals have been admitted to Montana State Hospital following program assessment

Source: AMDD Program Reports

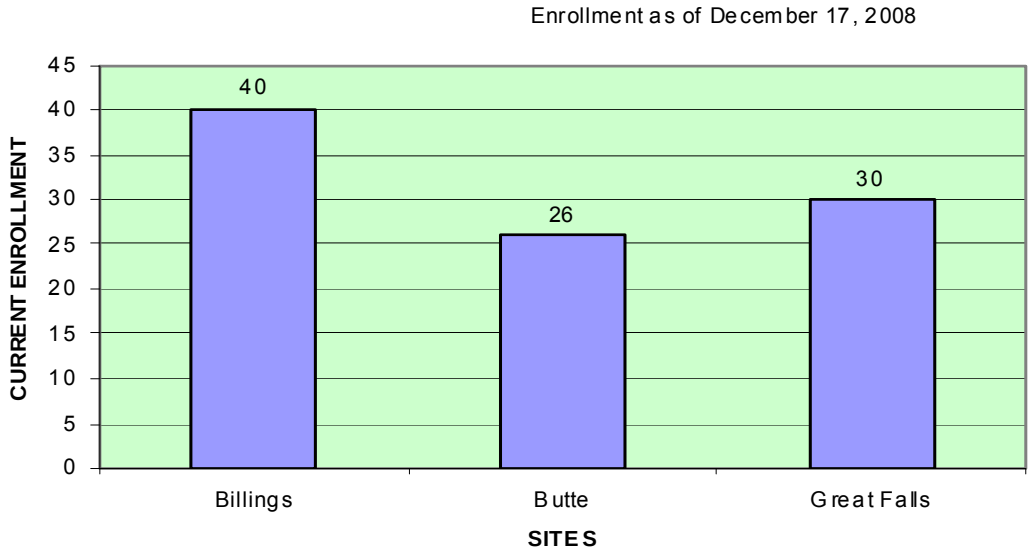
Drop-In Centers



Slightly more than 14% of consumers were referred to other community service providers. May be some duplication as numbers are reported by month.

Source: AMDD Program Reports

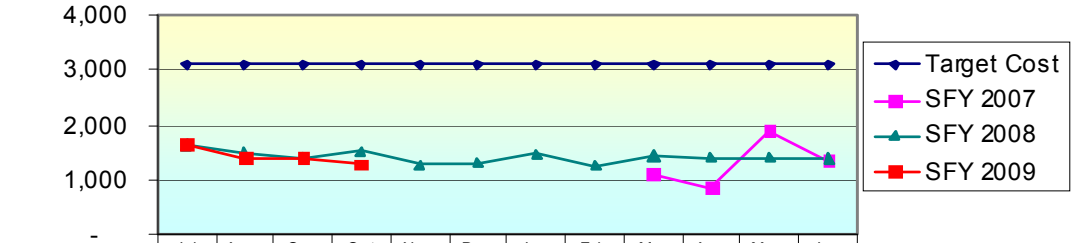
Home & Community Based Services Waiver (SDMI)
Current Enrollment



Source: AMDD Program Reports

Home & Community Based Services Waiver (SDMI)
Current Enrollment

AVERAGE HCBS/SDMI WAIVER SLOT COST
SFY 2007 - SFY 2009



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Target Cost	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100
SFY 2007									1,105	879	1,869	1,369
SFY 2008	1,636	1,509	1,406	1,512	1,271	1,309	1,458	1,257	1,432	1,418	1,415	1,376
SFY 2009	1,653	1,384	1,402	1,281								

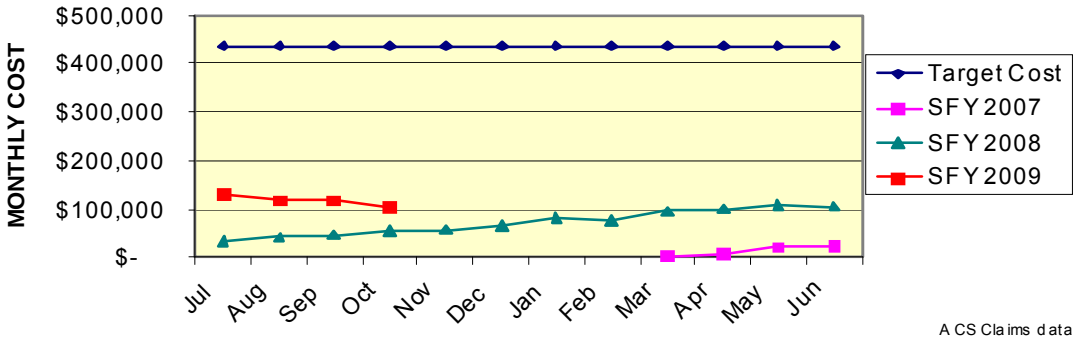
ACS Claims data 11/30/08

Source: AMDD Program Reports

Home & Community Based Services Waiver (SDMI)
Cost Per Month SFY 2007 – SFY 2009 YTD

HCBS/SDMI WAIVER
TOTAL COST PER MONTH
SFY 2007 - SFY 2009

Total Program Budget
$5,260,778
($438,398 per month)

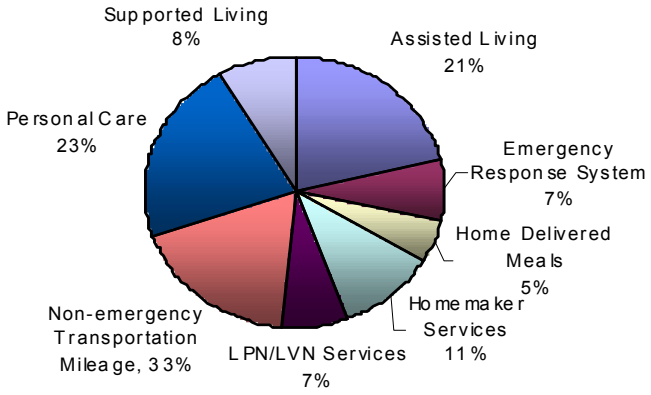


ACS Claims data

Source: AMDD Program Reports

Home & Community Based Services Waiver (SDMI) Services Utilized Most Frequently SFY 2009

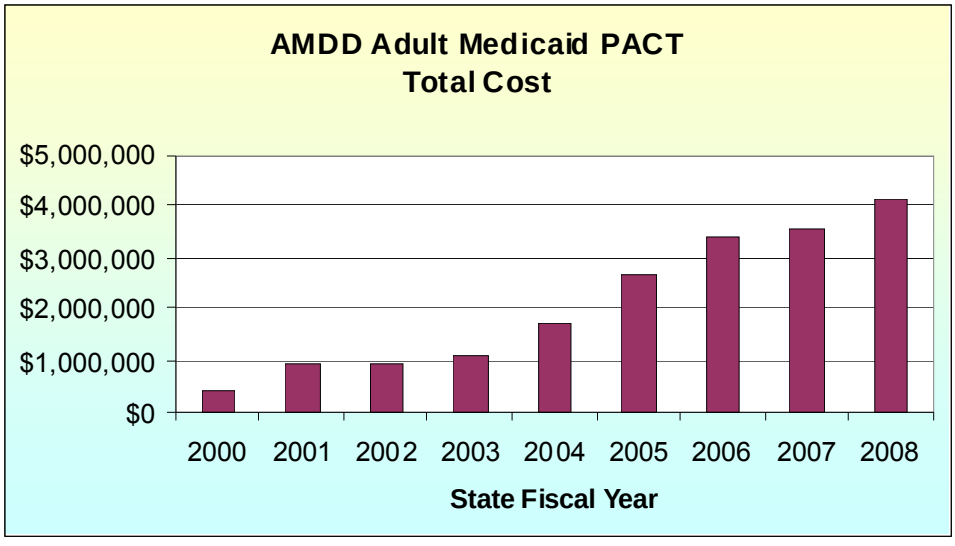
93 recipients of services



through 11/30/08

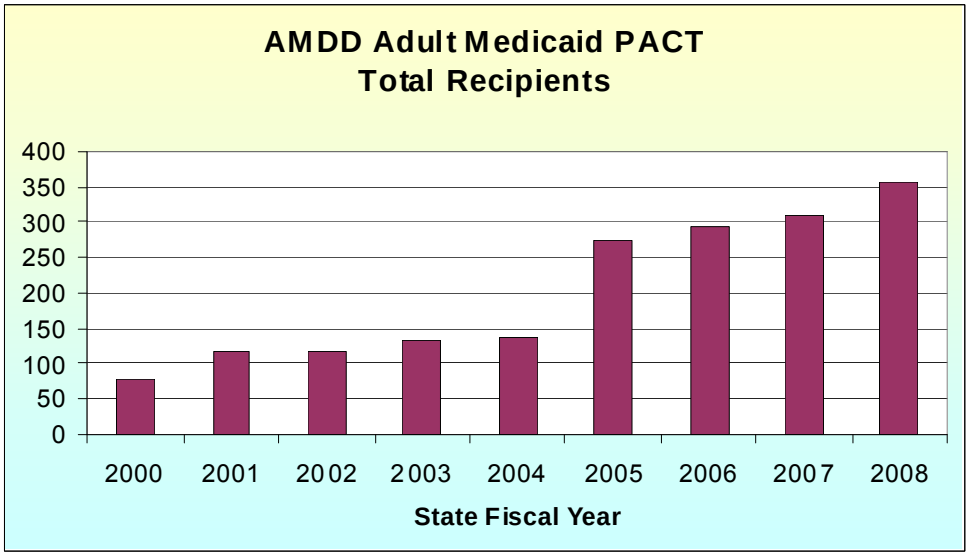
Source: Query Path

PACT Historical Expenditures



Source: DPHHS/OPCA

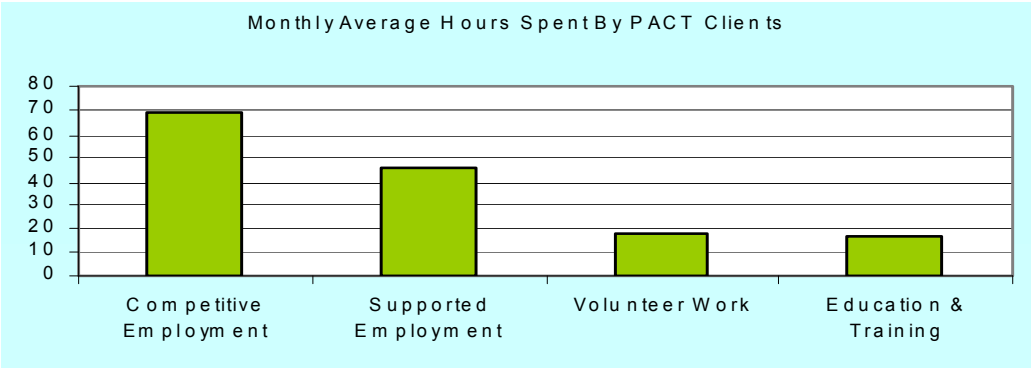
PACT Historical Recipients



Source: DPHHS/OPCA

PACT FACTS

- Locations: Billings, Helena, Great Falls, Missoula, Kalispell, and Butte
- The six PACT teams continue to maintain a 95% independent living rate



Source: AMDD Program Records

Mental Health Grant Services – PATH

Project for Assistance in Transition from Homelessness (PATH)

- provides services to individuals who have serious mental illness, and are homeless or at risk of homelessness
- $300,000 each year from SAMHSA since 1997 (requires $100,000 from state), services include:
    - outreach
    - screening
    - habilitation and rehabilitation
    - mental health and alcohol and drug services
    - case management
- 3 mental health centers receive grants
- in FY08, provided outreach to 1493 individuals

Service Area Authorities

Source: DPHHS/AMDD

Overview of Montana State Hospital

Montana State Hospital provides inpatient psychiatric services on seven (7) patient treatment units with 406.4 FTE. Five units are licensed under standards for psychiatric hospitals; the other two are residential units. In July 2006, treatment programs were reorganized to improve treatment services and increase program offerings for persons served at Montana State Hospital. This has included adding programs in: peer support services; education about mental illness; coping skills; co-occurring disorders; and vocational activities. Each unit offers a specialized treatment program targeting certain segments of the patient population. For instance, the legal issues (forensic) treatment program provides services for people involved in the criminal justice system. Each unit is staffed with a treatment team comprised of a psychiatrist, psychologists, social workers, psychiatric nurses; rehabilitation therapists and others who work with the patient and members of the patient's family to meet treatment objectives specified in the patient's treatment plan. Treatment services are coordinated with mental health and other service providers in the community in order to help meet patient needs upon discharge.

The Hospital has an average length of stay of 97 days for patients admitted under civil commitments, and 466 days for patients admitted on forensic (criminal) commitments. There is great variation for each category. The Hospital also has medical records, fiscal, maintenance, dietary, housekeeping, and human resources departments to provide services that support patient care and treatment. The Hospital had an average daily census in of 204 patients in FY 2008. The licensed capacity was reduced in January 2009 from 189 to 182 following the closure of a 7-bed group home on the campus. This home served people on forensic commitments and was closed due to low utilization.

The Hospital shares the Warm Springs Campus with three programs operated by the Montana Department of Corrections: WATCh; Connections; and START. The hospital provides maintenance services for the facilities in which these programs are located.

Four units of Montana State Hospital are certified under federal standards for participation in the federal Medicare and Medicaid Programs. The Hospital's forensic unit and the residential units are not. This certification allows the state to collect reimbursement for eligible patients from these programs. Reimbursement is limited due to federal regulations applying to "institutes for mental disease" (IMD exclusion).

Contact Information

Lou Thompson	Division Administrator	444-3969	lothompson@mt.gov
Bob Mullen	Deputy Administrator	444-3518	bmullen@mt.gov
Jerry Foley	Chief Financial Officer	444-7044	gfoley@mt.gov
Ed Amberg	Montana State Hospital	693-7010	eamberg@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures by Program and Funding

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Montana State Hospital	406.40	919	28,808,461	422,963	-	-

Statutory Authority

Title 46. Criminal Procedure
Title 53. Social Services and Institutions
Chapter 21. Mentally Ill, Part 6. Montana State Hospital
P.L. 102-321, CFR

Accomplishments

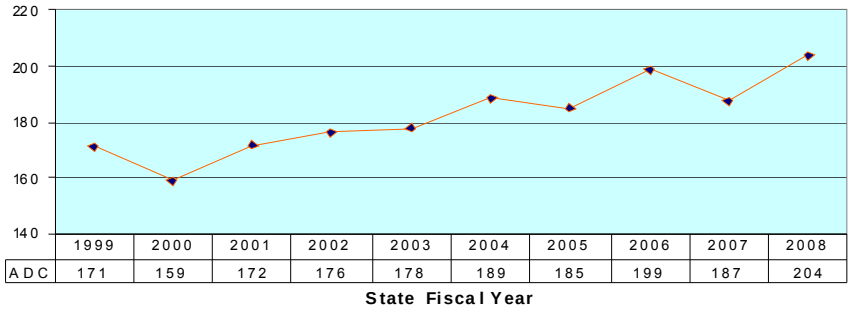
- Despite issues stemming from the high census and higher than anticipated admissions, MSH has been able to maintain compliance with standards, reduce average length of stay, coordinate care with community programs and serve a very challenging population.
- Reduction in the use of restraint and seclusion interventions and a corresponding decrease in staff injuries. Evidence shows that staff training in intervention procedures, therapeutic communications, and improvement of the milieu can reduce reliance on these interventions and increase safety for both patients and staff. We also recognize that we have a small number of very dangerous and difficult patients on all of our hospital units and are constantly looking for ways to provide staff an effective treatment for them and assure the safety of other patients, staff, and the public at the same time.
- Funding to help individuals transition to the community. MSH has long assisted people in returning to the community in many different ways, but over the past two years this has been expanded to include housing, placements in community programs, medication for both psychiatric and physical health problems, transportation, utilities, etc. This has been coordinated with AMDD and community health providers and helped overcome barriers to community placement.
- Improved healthcare for MSH patients. People admitted to MSH often have serious physical and dental health problems in addition to their psychiatric illness. MSH has increased its capabilities to provide necessary medical care and has also developed preventive health strategies such as metabolic clinics which identify high risk individuals and coordinate care between psychiatrists, physical health physicians, nurses, and dietary and pharmacy staff. MSH has also recently established diabetes clinics because of the prevalence of this disorder in its population (about 15%).

Challenges

- The physical plant has many shortcomings including its capacity (built for 135); design (large units and Spratt Building); and security for high risk offenders on our forensic program
- Recruitment and retention of staff is always a challenge. The hospital requires a highly trained, highly skilled workforce that will transition from one largely comprised of people with no formal clinical training to one that has more training and experience. Related to this is a need to increase the amount of training provided to staff to increase their skills and competencies.

- Maintenance and equipment. The hospital is a large campus that includes a number of old buildings that need attention. There is a need to replace furniture, carpeting, and fixtures that are subject to a high level of wear and tear.
- There is a need to improve information systems and implement an electronic record in order to improve the flow of information between the Hospital and other providers across the state. This will improve the coordination of treatment between providers by sharing information and using consistent treatment models with demonstrated efficacy.

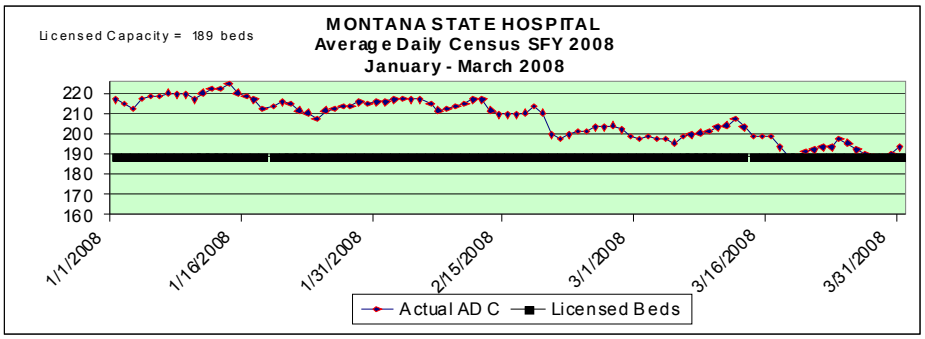
Montana State Hospital
Historical Average Daily Census

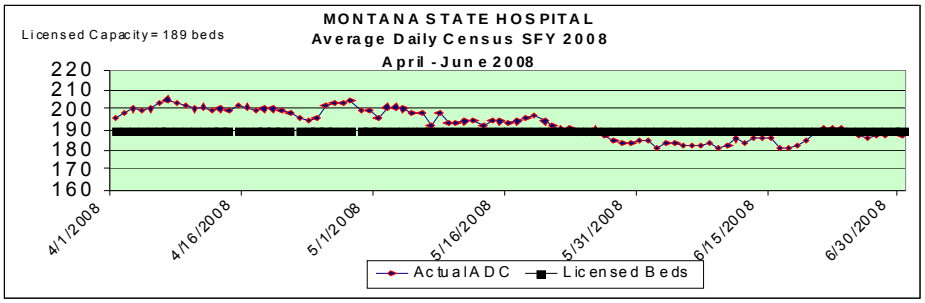


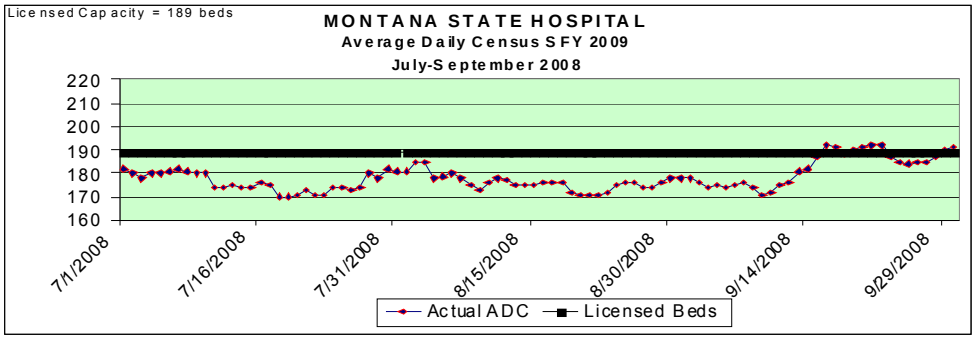
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
ADC	171	159	172	176	178	189	185	199	187	204

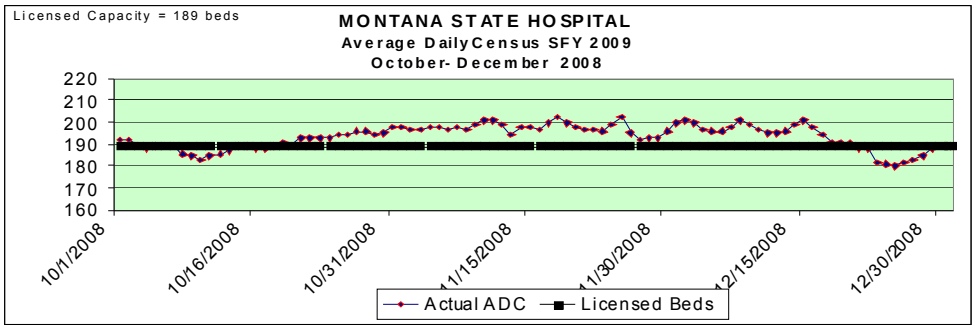
State Fiscal Year

Source: MSH Program Reports

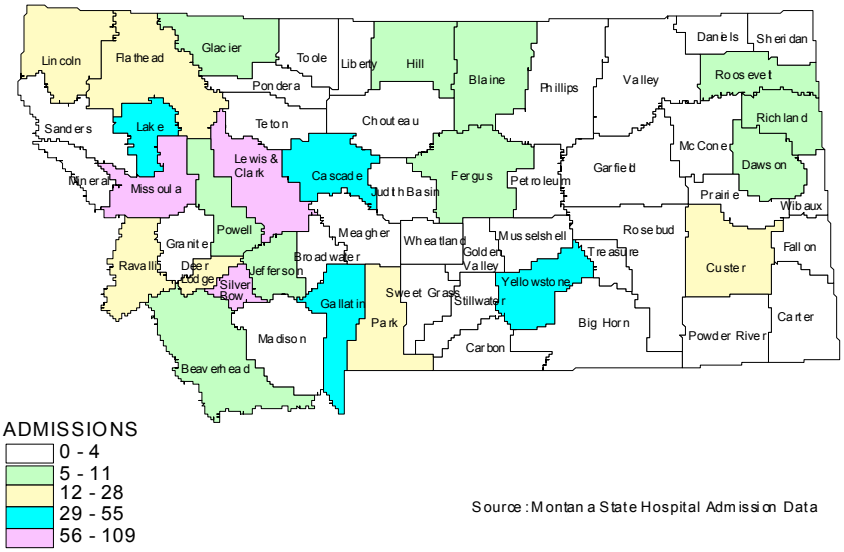

Licensed Capacity = 189 beds
MONTANA STATE HOSPITAL
Average Daily Census SFY 2008
January - March 2008
220
210
200
190
180
170
160
1/1/2008
1/16/2008
1/31/2008
2/15/2008
3/1/2008
3/16/2008
3/31/2008
Actual ADC
Licensed Beds


Licensed Capacity = 189 beds
MONTANA STATE HOSPITAL
Average Daily Census SFY 2008
April - June 2008
220
210
200
190
180
170
160
4/1/2008
4/16/2008
5/1/2008
5/16/2008
5/31/2008
6/15/2008
6/30/2008
Actual ADC
Licensed Beds


Licensed Capacity = 189 beds
MONTANA STATE HOSPITAL
Average Daily Census SFY 2009
July-September 2008
220
210
200
190
180
170
160
7/1/2008
7/16/2008
7/31/2008
8/15/2008
8/30/2008
9/14/2008
9/29/2008
Actual ADC
Licensed Beds


Licensed Capacity = 189 beds
MONTANA STATE HOSPITAL
Average Daily Census SFY 2009
October- December 2008
220
210
200
190
180
170
160
10/1/2008
10/16/2008
10/31/2008
11/15/2008
11/30/2008
12/15/2008
12/30/2008
Actual ADC
Licensed Beds

Montana State Hospital
All Admissions SFY 2008



Source: MSH Program Reports

Montana State Hospital
2008 Admissions by Commitment Type

Commitment Type	Process	Description	Payment Source	2008 Admits	% 2008 Total
Emergency Detention	Civil	Detained pending commitment hearing – ordered by county attorney.	County to state general fund.	320	44%
Court Ordered Detention	Civil	Detained pending commitment hearing – ordered by district court judge or municipal court judge.	County to state general fund.	125	17%
Involuntary Commitment	Civil	Court finding of danger to self or others. No community alternative – initial commitment up to 90 days	State general fund.	187	26%

Of the 445 commitments for emergency detention or court-ordered detention, 60.6% (270) were re-committed as involuntary commitments in SFY 2008.

Source: MSH Program Reports

Montana State Hospital
2008 Admissions by Commitment Type

Commitment Type	Process	Description	Payment Source	2008 Admit	% 2008 Total
Indian Health Services Involuntary Commitment	Civil	Commitment ordered by tribal court to Indian Health Services (IHS).	IHS to state general fund.	27	4%
Voluntary	Civil	Patient requests admission and is screened by MHC.	State general fund.	11	1%
Inter-Institutional Transfer	Civil	Transfer from another state institution pending commitment hearing.	State general fund.	7	<1%

Source: MSH Program Reports

Montana State Hospital
2008 Admissions by Commitment Type

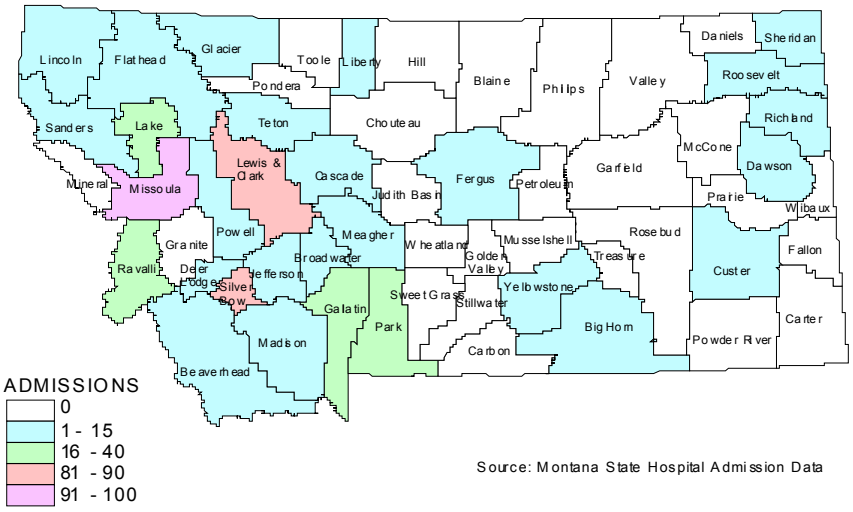
Commitment Type	Process	Description	Payment Source	2008 Admits	% 2008 Total
Court Ordered Evaluation	Forensic	Evaluation to determine mental status.	State general fund.	14	2%
Unfit to Proceed	Forensic	Evaluation and treatment to enable defendant to stand trial.	State general fund.	20	3%
Not Guilty by Reason of Mental Illness	Forensic	Sentenced to DPHHS on criminal charges; may be transferred to DOC by Department Director.	State general fund.	0	0%
Guilty but Mentally Ill	Forensic	Not guilty of criminal charges due to mental status.	State general fund.	12	2%

492 admissions in SFY 2003
581 admissions in SFY 2004
637 admissions in SFY 2005
690 admissions in SFY 2006
682 admissions in SFY 2007
723 admissions in SFY 2008

Source: MSH Program Reports

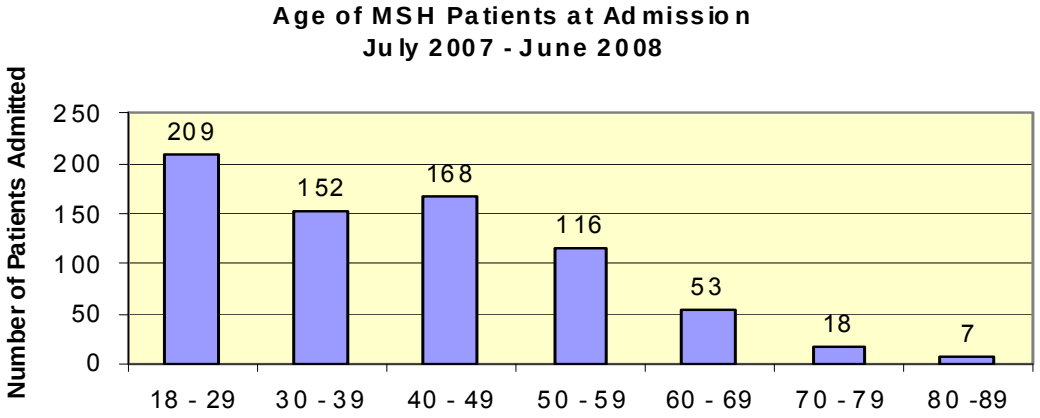
Montana State Hospital
Detention Admissions SFY 2008

Emergency and Court Ordered Detention Admissions



Source: Montana State Hospital Admission Data

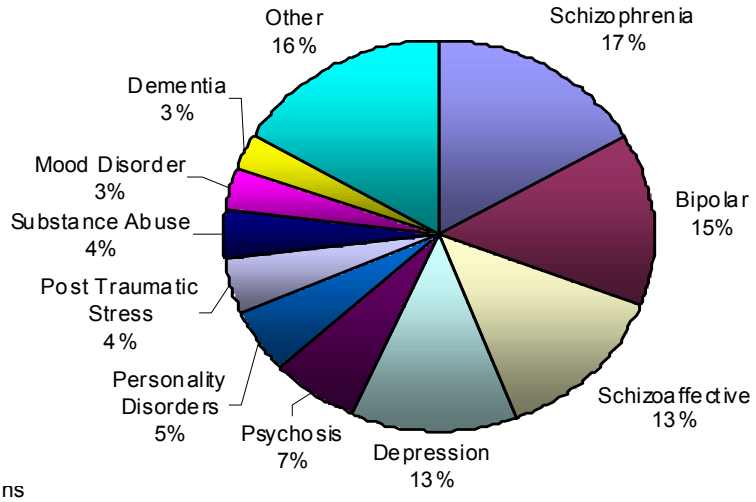
Montana State Hospital
Ages of Admissions



723 Admissions

Source: MSH Program Reports

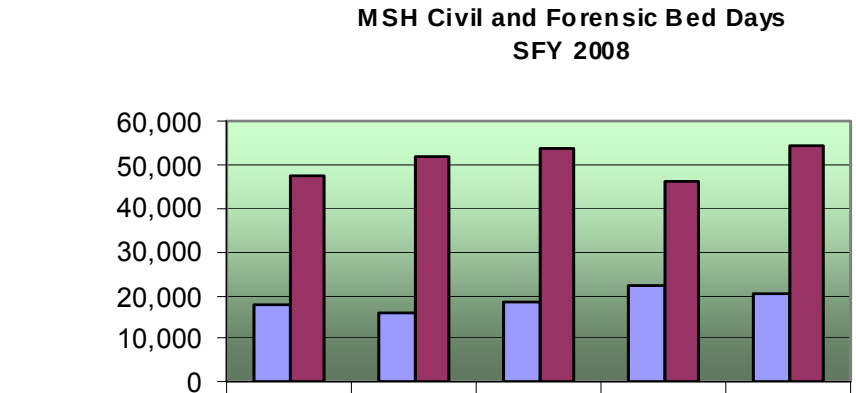
Montana State Hospital
Primary Diagnostic Groups 2008



723 Admissions

Source: MSH Program Reports

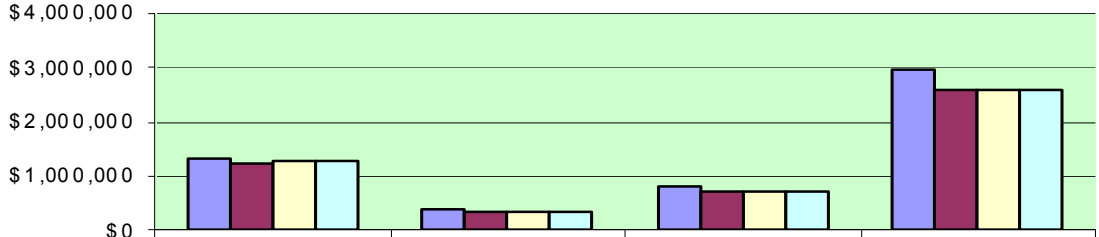
Montana State Hospital
Forensic & Civil Beds Days – SFY 2004 – SFY 2008



	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Forensic days	17,814	15,665	18,590	22,105	20,216
Civil days	47,292	51,869	53,990	46,324	54,469

Source: MSH Program Reports

Montana State Hospital
Revenue Collections SFY 2008 – SFY 2011 Projected



	Private	Medicaid	Insurance	Medicare
SFY 2008	1,350,128	368,565	810,310	2,955,544
SFY 2009	1,210,931	321,612	706,346	2,576,047
SFY 2010	1,259,594	321,612	706,346	2,576,047
SFY 2011	1,288,562	321,612	706,346	2,576,047

Projected SFY 2009, 2010, 2011 revenues based on estimated 2009 average daily census through 9/30/08 of 178.36 people.

Source: DPHHS/Institutional Reimbursements

Overview of the Montana Mental Health Nursing Care Center

The **Montana Mental Health Nursing Care Center** (MMHNCC) located at Lewistown is the only state-operated nursing care facility for individuals with mental disorders. The MMHNCC provides long-term care and treatment to persons that require a level of care not available in communities or who will not benefit from intensive psychiatric treatment available at other settings, including the Montana State Hospital. In FY2008, the facility provided services to 115 patients.

The MMHNCC is organized into a medical unit, nursing services and facility operations. The facility has 122.70 FTE.

Medical services are contracted or billed to the facility by individual physicians. The Medical Director is present in the building twice a month and available as needed by phone. The facility contracts for a psychiatrist that travels monthly from Billings. A podiatrist makes rounds monthly and bills directly. Other medical professionals (optometrists, dentists, etc.) see patients as needed and bill directly. The center also contracts for physical therapy, occupational therapy and speech therapy.

Nursing services are provided 24 hours per day, 7 days per week on four units (dementia, secure, heavy care and ambulatory). Recreation aides provide activities 7 days a week. Social services and medical records are provided 5 days a week. Legal services are contracted for commitments and guardianship hearings. Psychology Specialist and Mental Health Professional services are provided 5 days a week.

Facility operations require housekeeping, maintenance, laundry, and food services 7 days a week. Business office, personnel, and purchasing are available 5 days a week. Cosmetology services are available one day a week.

Contact Information

Title	Name	Phone Number	E-mail address
Division Administrator	Lou Thompson	444-3969	lothompson@mt.gov
Deputy Administrator	Bob Mullen	444-3518	bmullen@mt.gov
MMHNCC Superintendent	Glenda Oldenburg	538-7451	goldenburg@mt.gov
Chief Financial Officer	Jerry Foley	444-7044	gfoley@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures by Program and Funding

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Montana Mental Health Nursing Care Center	122.70	115	7,693,018	-	-	-

Statutory Authority

Title 53. Social Services and Institutions
Chapter 21. Mentally Ill
Part 4. Montana Mental Health Nursing Care Center
P.L. 102-321, CFR

Accomplishments

- A Standard Health Survey was conducted by the Quality Assurance Division and on September 6, 2007, no deficiences were cited. A Standard Health Survey was conducted on October 16, 2008, 4 deficiencies were cited with nothing greater than scope/severity level "D". "D" is isolated with no actual harm with potential for more than minimal harm that is not immediate jeopardy. A plan of correction was completed and the follow-up visit done December 10, 2008 put the facility back in substantial compliance.

- Montana Mental health Nursing Care Center was given a five star (top) rating by the U.S. Department of Health and Human Services using a new ranking system. The system evaluates nursing homes nationwide.

- Workers Compensation benefits paid for medical were reduced 63% and amount paid for wage loss was reduced 97%. There is an effective Early Return to Work Program.

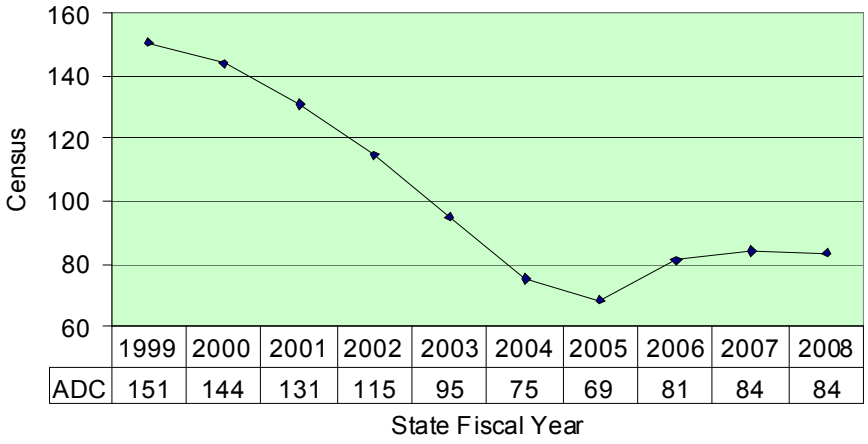
- Behavioral management is overseen by an on-staff Psychology Specialist

Challenges

- Recruitment and retention of direct care staff positions

- Waiting list of patients – facility is budgeted for 82 residents.

Montana Mental Health Nursing Care Center
Historical Average Daily Census

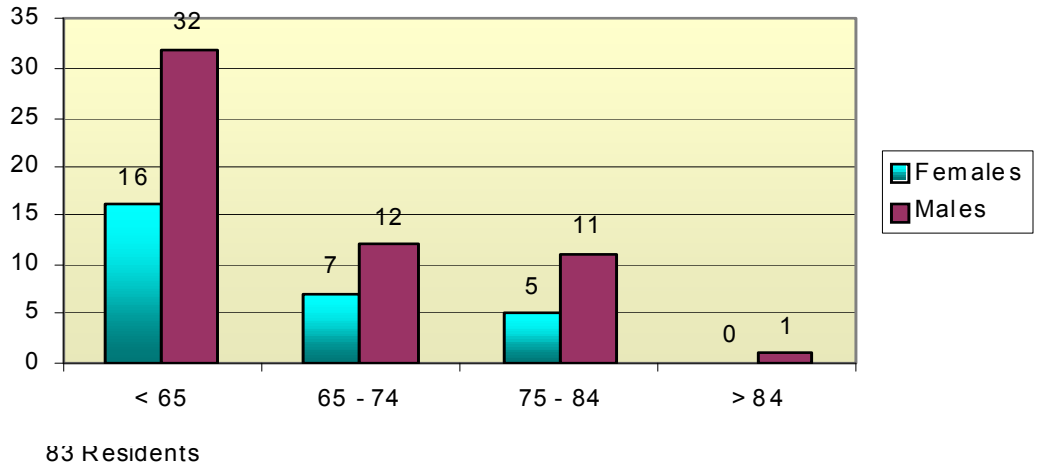


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
ADC	151	144	131	115	95	75	69	81	84	84

State Fiscal Year

Source: MMHNCC Program Records

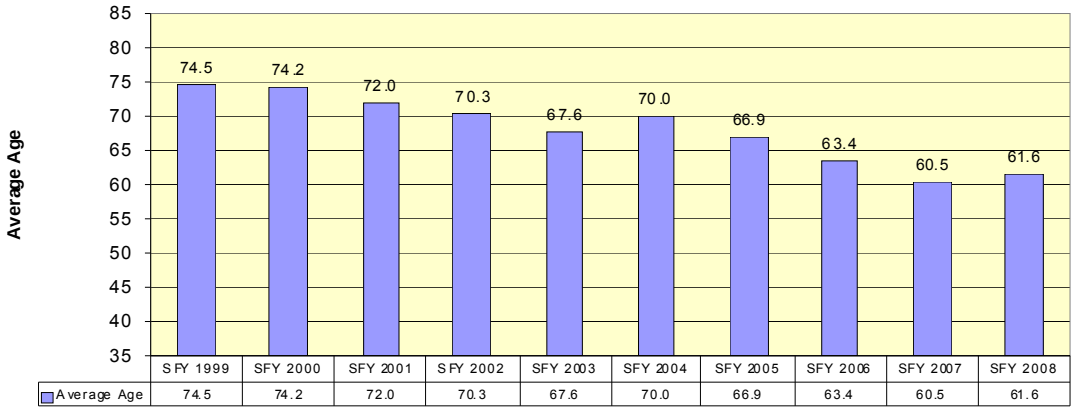
Montana Mental Health Nursing Care Center
Ages of Residents



83 Residents

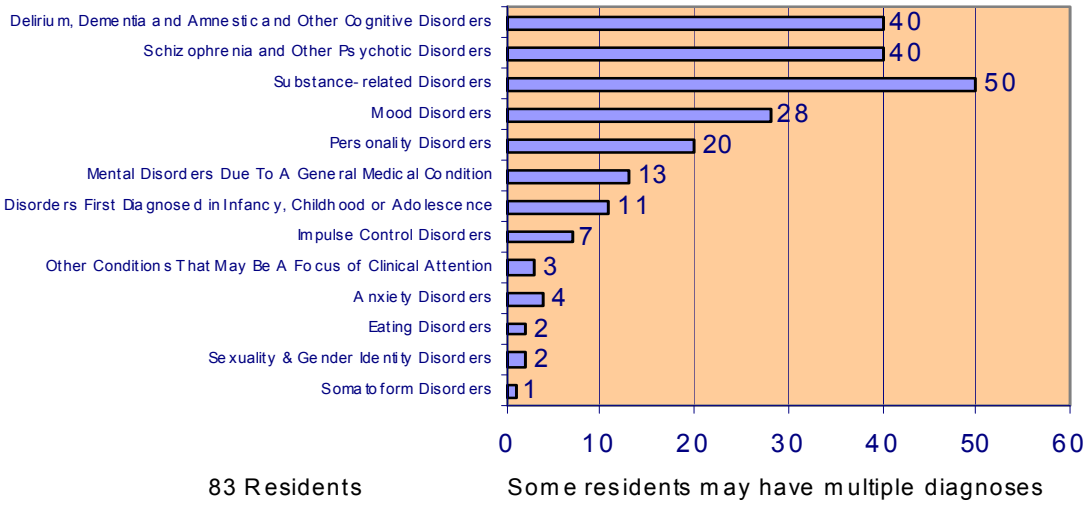
Source: MMHNCC Program Records

Montana Mental Health Nursing Care Center Average Age of Residents Served



Source: MMHNCC Program Records

Montana Mental Health Nursing Care Center - Primary Diagnostic Groups – SFY 2008

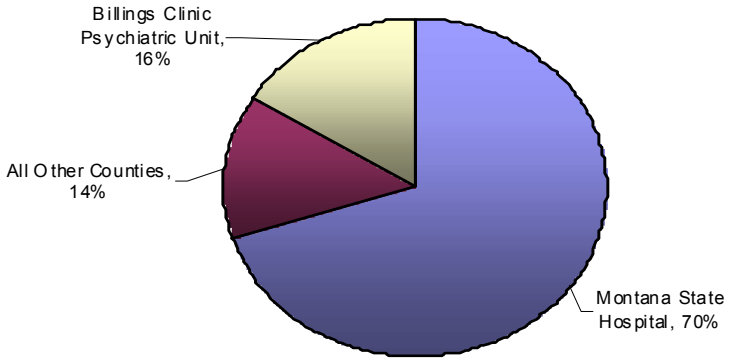


83 Residents

Some residents may have multiple diagnoses

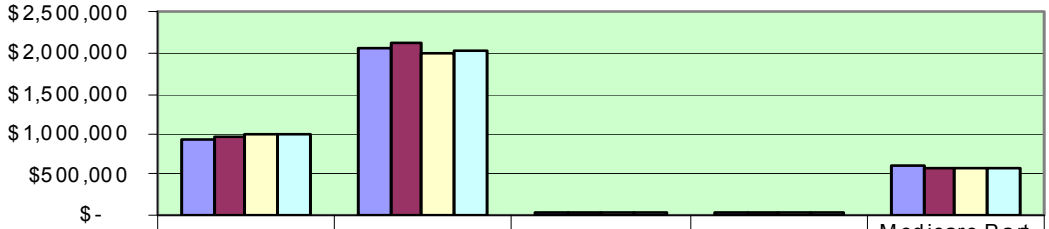
Source: MMHNCC Program Records

Montana Mental Health Nursing Care Center – Sources of Referral SFY 2008



Source: MMHNCC Program Records

Montana Mental Health Nursing Care Center – Revenue Collections SFY 2008 – SFY 2011 Projected



	Private	Medicaid	Insurance	Medicare	Medicare Part D
SFY 2008	$940,408	$2,053,616	$17,305	$30,865	$596,190
SFY 2009	$953,083	$2,103,762	$17,183	$30,748	$592,349
SFY 2010	$991,326	$1,974,799	$17,183	$30,748	$592,349
SFY 2011	$1,014,191	$2,021,664	$17,183	$30,748	$592,349

Projected SFY 2009, 2010, 2011 revenues based on estimated 2009 average daily census through 9/30/08 of 82.59 persons.

Source: DPHHS/Institutional Reimbursements

Overview of Chemical Dependency Services

The Chemical Dependency Bureau is responsible for activities designed to prevent the use of alcohol, tobacco, and other drugs by youth and the abuse of those substances by adults. The bureau reimburses for a range of inpatient and outpatient services, as well as an education program for DUI offenders. The bureau provided funding for services to 8,521 Montanans in FY2008.

People with substance abuse disorders who have family incomes below 200% of the federal poverty level are eligible for public funding of treatment services. In addition, the Medicaid program funds outpatient and residential chemical dependency treatment services for adolescents and outpatient services for adults who are Medicaid eligible.

The division's 10 staff manage the state's Substance Abuse Prevention and Treatment (SAPT) Block grant ($6.5 million), the Chemical Dependency Medicaid program, and other grants applied for and received. The staff is responsible for training community providers, managing program outcomes, ensuring compliance with federal requirements, and developing collaborative relationships with other state agencies to ensure effective prevention and treatment standards.

Services are provided through 22 state-approved programs, which include 2 Native American outpatient programs and one Native American residential free-standing program. The SAPT funds support outpatient services and targeted case management for youth and adults who are not eligible for Medicaid. Additionally, the funds support community-based residential services for youth, 3 Women and Children's Homes (Missoula, Great Falls, Billings), 2 Recovery Homes (Bozeman and Livingston) and 1 Transitional Living Facility (Helena) for adults. Federal requirements include specific set-asides for women with dependent children, pregnant women, clients with SSI or SSDI, IV drug users, and the homeless.

The department seeks and receives other grants, generally for prevention, during the year. Those grants are handled as budget amendments.

The Medicaid chemical dependency program provides rehabilitative drug and alcohol treatment to Medicaid eligible youth and adults. Differing from other Medicaid programs, the matching fund type for chemical dependency Medicaid is alcohol tax. Medicaid services are provided through state-approved chemical dependency programs employing substance abuse professionals, generally in outpatient settings. Services to youth include an inpatient residential treatment component.

Contact Information

The contacts for information regarding the Chemical Dependency Bureau are:

Title	Name	Phone Number	E-mail address
Division Administrator	Lou Thompson	444-3969	lothompson@mt.gov
Deputy Administrator	Bob Mullen	444-3518	bmullen@mt.gov
Bureau Chief	Joan Cassidy	444-6981	jcassidy@mt.gov
Chief Financial Officer	Gerald (Jerry) Foley	444-7044	gfoley@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Chemical Dependency Administration & Services	10.00	8,521	1,990,356	686,650	8,398,967	1,055,920

Statutory Authority:

Title 53. Social Services and Institutions
Chapter 24. Alcoholism & Drug Dependence
Part C, Title XIX of the Social Security Act

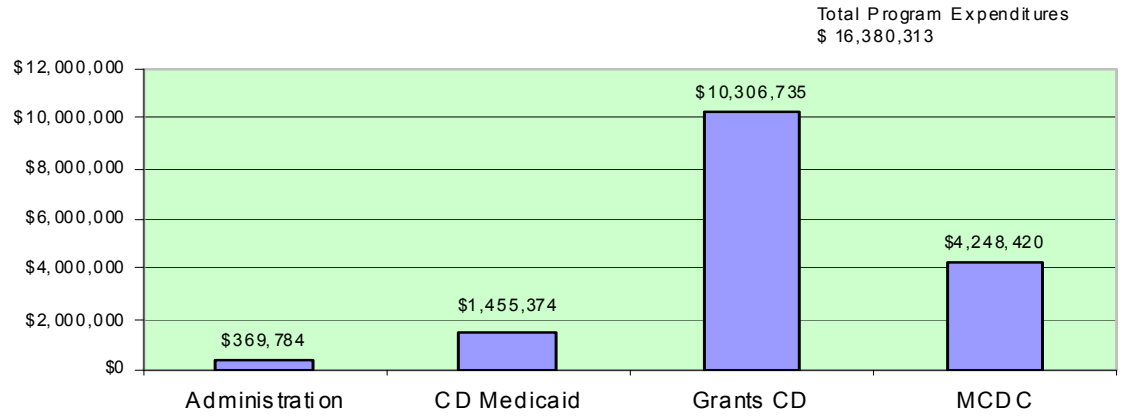
Accomplishments

- Methamphetamine and CD Expansion – Since January 2008, 2 residential and 5 supportive living facilities have opened throughout the state. 2 of the 5 supportive living facilities are designated for Native Americans.
- Substance Abuse Management System (SAMS) – In January 2008, SAMS replaced the ADIS Management Information System. The new data management system will allow the state to capture and report on the federally mandated National Outcome Measures. The next phase of the system will develop invoicing and reporting capabilities.
- State Prevention Framework – State Incentive Grant (SPF SIG) – grant has goal of reducing binge drinking as well as drinking and driving over one's lifetime. The 5-year grant award of $2,333,000 currently funds 6 programs or 24 areas of service across the state.

Challenges

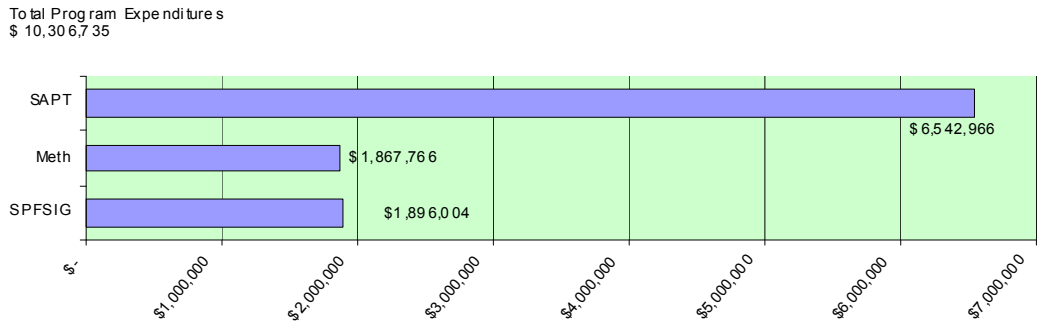
- Retention in treatment
- Workforce recruitment
- Adequate prevention/treatment funding to better meet identified client needs

Chemical Dependency Program Components SFY2008



Source: SABHRS/MBARS

Chemical Dependency Grant Program Expenditures – SFY 2008



Source: SABHRS/MBARS

Chemical Dependency
SFY 2008 Treatment Characteristics

- Who received treatment in SFY 2008?
  - 68% male
  - 34% married
  - 41% involved w/ criminal justice system
  - 37% convicted of DUI offense
  - 41% employed (part or full-time)
  - 17% receive public assistance
  - 12% women w/ dependent children
  - 17% IV drug users
  - 5% homeless
  - 5% referred by child protective services
- Ages of those in treatment:
  - 9% 0-17
  - 8% 18-20
  - 33% 21-30
  - 20% 31-40
  - 20% 41-50
  - 10% 51 & over
- Annual household income of those in treatment:
  - 53% $0-$4,999
  - 11% $5000-$9,999
  - 16% $10,000-$19,999
  - 15% $20,000-$49,999
  - 5% $50,000 & over
- Education level of those in treatment:
  - 6% 0- 8 years
  - 69% 9-12 years
  - 23% 13-16 years
  - 2% 17 years & over
- Race of those in treatment:
  - 76% White
  - 19% American Indian
  - 4% Other

Source: ADIS

Chemical Dependency
Youth Substance Use

Percentage of Survey Youth Using Drugs in the Past 30 Days

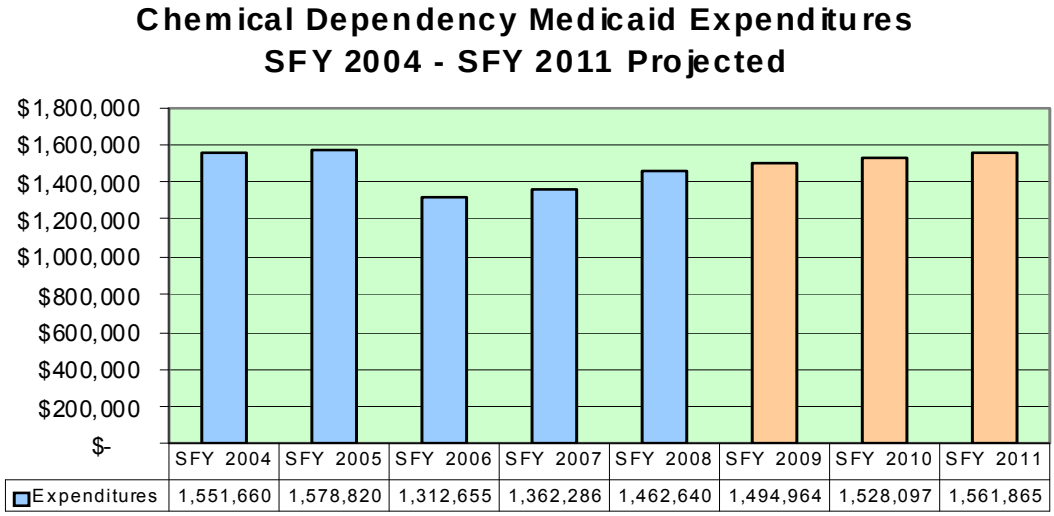
Drugs Used In Past 30 Days	Grade 8	Grade 10	Grade 12
Methamphetamine	.1%	.5%	.4%
Alcohol	21.0%	41.2%	53.1%
Cigarettes	7.8%	17.0%	23.9%
Smokeless Tobacco	3.6%	10.7%	15.0%
Marijuana	5.4%	16.4%	21.4%

Percentage of Survey Youth with Intention to Use When Adults

Substance To Use	Grade 8	Grade 10	Grade 12
Alcohol	53.0%	69.2%	77.3%
Cigarettes	6.0%	9.1%	11.1%
Marijuana	6.7%	13.7%	15.3%

Source: 2008 Montana Prevention Needs Assessment

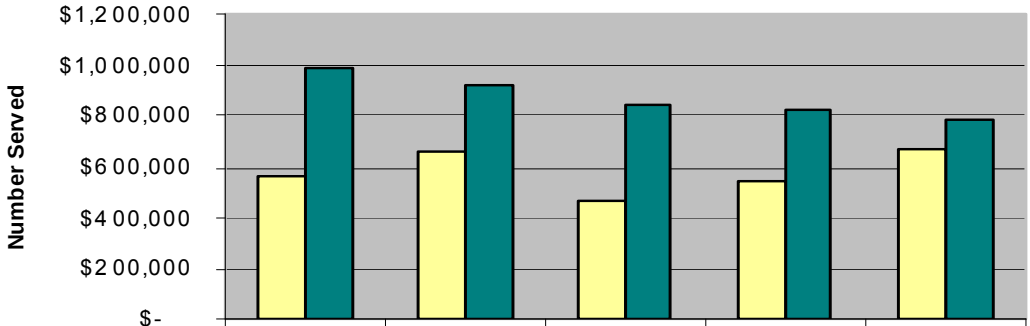
Chemical Dependency Historical Medicaid Services



	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Expenditures	1,551,660	1,578,820	1,312,655	1,362,286	1,462,640	1,494,964	1,528,097	1,561,865

Source: Query Path

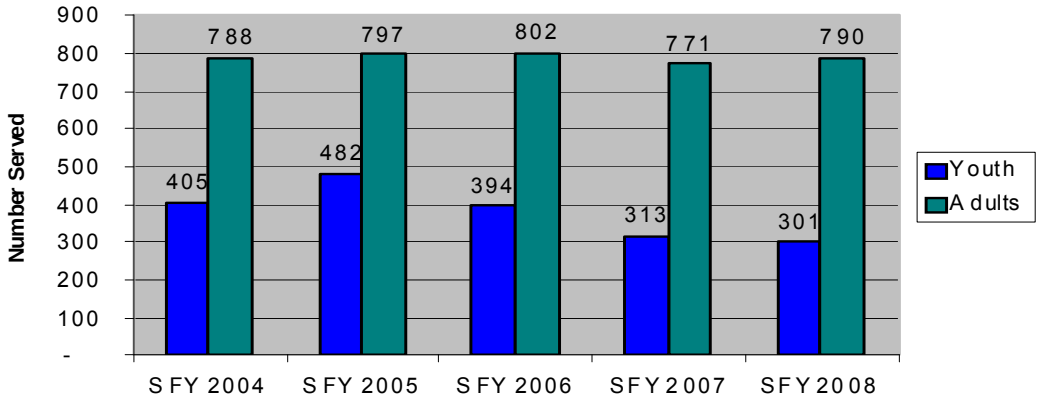
Chemical Dependency Medicaid Services – Historic Expenditures Youth & Adults SFY 2004 – SFY 2008



	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008
Youth	$563,950	$663,051	$472,244	$540,246	$675,473
Adults	$987,710	$915,769	$840,411	$822,040	$787,167

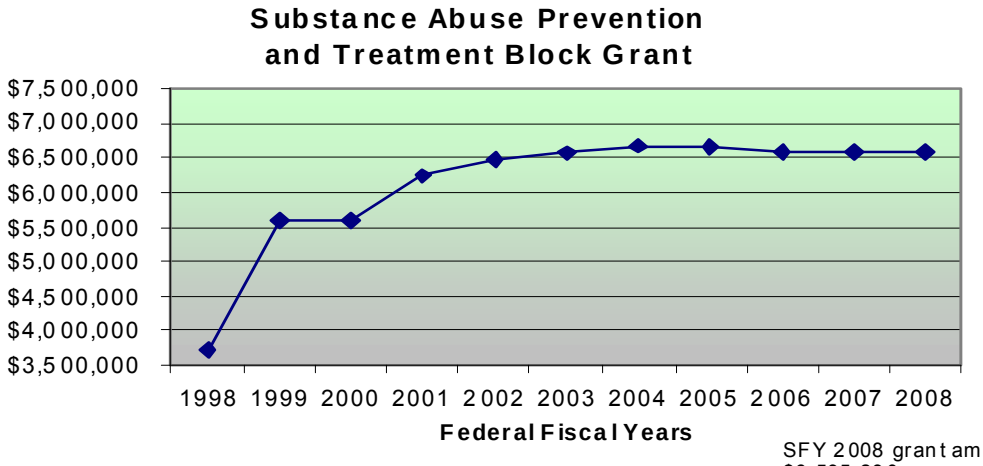
Source: Query Path

Chemical Dependency Medicaid Services – Historic Recipients Youth & Adults



Source: Query Path

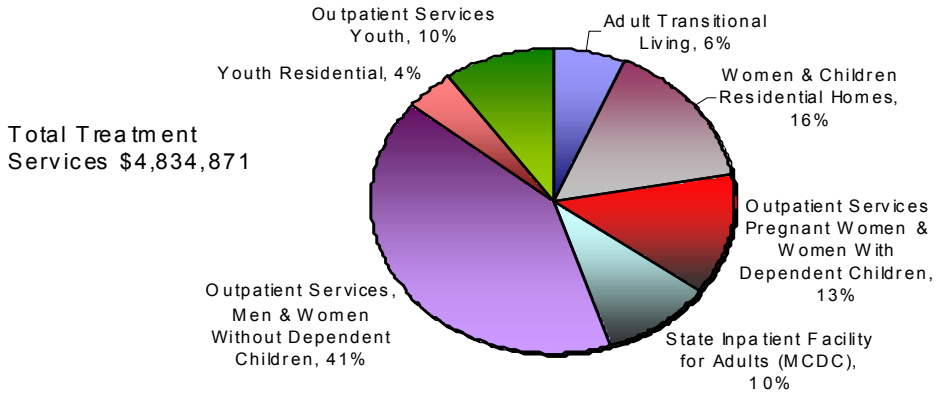
Chemical Dependency
SAPT Grant History SFY 1998 – SFY 2008



SFY 2008 grant amount
$6,595,230

Source: AMDD Program Reports

Chemical Dependency
SAPT Block Grant Funds Spent for Treatment Services FFY 2007



Source: AMDD Block Grant Reports
2007 is last complete federal fiscal year

Chemical Dependency
Strategic Prevention Framework State Incentive Grant (SPFSIG)

- Purpose – identification and implementation of environmental initiatives addressing binge drinking and drinking and driving for all ages, with a particular focus on youth.
- Each selected initiative must have activities addressing intentional organizing, data gathering, media advocacy, policy development and enforcement.
- Programs funded - Silver Bow, Powell, Madison, Deer Lodge, Beaverhead, Sanders, Mineral, Lincoln, Lake, Phillips, Hill, Blaine, Roosevelt, Wibaux, Sheridan, Richland, Dawson; plus Cut Bank, Heart Butte, Whitehall, Boulder; Blackfeet, Flathead, Fort Peck reservations

- 24 funded communities have selected the following initiatives
- Age restrictions for alcohol sellers – 1 community
- Alcohol compliance checks – 12 communities
- Court Watch – 3 communities
- Cross jurisdictional law enforcement unit – 3 communities
- Dedicated probation officer – 2 communities
- Deterrence Theory – 6 communities
- MIP enforcement – 1 community
- MIP adjudication – 1 community
- Party Patrols – 5 communities
- Mandatory responsible beverage sales and service training – 18 communities
- Restrictions on alcohol at public events – 9 communities
- Social host laws – 16 communities
- Student behavior contracts – 4 communities

Source: AMDD Program Reports

Meth Homes – Demographic Data March 2008 – November 2008

	Transitional Homes	Inpatient Treatment
Admissions	57	69
Co-Occurring	65%	64%
Referral Source		
Legal System	7%	17%
Health Care	5%	16%
Social Services	19%	41%
Probation/Parole	12%	9%
CD System	56%	17%
Drug of Choice		
Aerosols	4%	0%
Alcohol	67%	61%
Heroin	0%	1%
Amphetamine	2%	0%
Marijuana/Hashish	11%	13%
Methamphetamine	9%	7%
Hallucinogens	2%	0%
Other Opiates	7 %	16%
Oxycodone	0%	1%

	Transitional Homes	Inpatient Treatment
Gender		
Female	46%	7%
Male	54%	93%
Race		
Caucasian	47%	84%
Native American	46%	7%
Hispanic	7%	3%
African American	0%	1%
Other	2%	4%
Age		
Under 21	5%	3%
21-29	42%	7%
30-39	11%	12%
40-49	13%	35%
50-59	6%	17%
60 Plus	0%	0%

Source: AMDD Program Reports

Meth Homes – Service Locations - SFY 2009

Program	Location	Facility Type	Date Opened	Unduplicated Number Served	Average Length of Stay (days)
Eastern Montana CMHC	Miles City	Men	Mar. 2008	9	138.0
White Sky Hope	Box Elder	Native American Men	Jul. 2008	10	41.7
Flathead Valley CD	Kalispell	Women	Sep. 2008	6	35.8
Gateway Community Services	Great Falls	Native American Women	Apr. 2008	12	76.6
Alcohol & Drug Services of Gallatin County	Bozeman	Men	Jun. 2008	9	80.7
Rimrock Treatment Center	Billings	Men and Women	Jan. 2008	86	31.2
Elkhorn Treatment Center	Boulder	Women	Mar. 2008	6	139.7

Source: AMDD Program Reports

Through November 2008

Overview of Montana Chemical Dependency Center

The **Montana Chemical Dependency Center** (MCDC) located in Butte is the only publicly funded inpatient addictions treatment facility in the state. The MCDC provides treatment to persons for alcohol and drug addictions and for co-occurring addictions and psychiatric disorders. The facility is licensed as a health care facility and a chemical dependency treatment facility.

The services of MCDC are organized and divided among four interdisciplinary treatment specialties and facility operations, with management staff assigned to supervise staffing and the following functions of each area:

- Medical Services are coordinated by the Medical Director and administer to the physiological and/or psychiatric aspects of patient care.
- Nursing Services provide direct healthcare services related to assessing the patients basic health status.
- Chemical Dependency Services are supervised by the Chemical Dependency Services Supervisor and are those treatment interventions that specifically address the addictive disorders of patients.
- Mental Health Services are those treatment interventions that specifically address the mental disorders of patients.
- Facility Operations are all non-clinical aspects of the facility including fiscal/budget; medical records; information technology; human resources; support services; custodial service; food service; accounts receivable/payable; data coordination; performance improvement; safety; training; purchasing; and contracts coordination.

The facility has 76 beds, with 70 treatment beds and 6 detoxification/medical beds. Referrals are received from state approved community treatment providers across the state, Native American programs, and private Licensed Addiction Counselors (LAC). The patients can be admitted on a voluntary, court-ordered, or court-committed status.

Individuals admitted must meet level of care criteria for sub-acute, in-patient treatment as defined by the American Society of Addiction Medicine (ASAM). Transition to lower level continued care is typically coordinated with the community provider that made the admission referral. The MCDC has 54.25 FTE.

Contact Information

Title	Name	Phone Number	E-mail address
Division Administrator	Lou Thompson	444-3969	lothompson@mt.gov
Deputy Administrator	Bob Mullen	444-3518	bmullen@mt.gov
MCDC Administrator	Dave Peshek	496-5414	dpeshek@mt.gov
Chief Financial Officer	Gerald (Jerry) Foley	444-7044	gfoley@mt.gov

Budget Overview

SFY 2008 Total Base Expenditures by Program and Funding

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Montana Chemical Dependency Center	54.25	705	-	3,791,337	457,083	-

STATUTORY AUTHORITY

Title 53. Social Services and Institutions
Chapter 21. Mentally Ill
Part 6. Chemical Dependency Treatment Center

Accomplishments

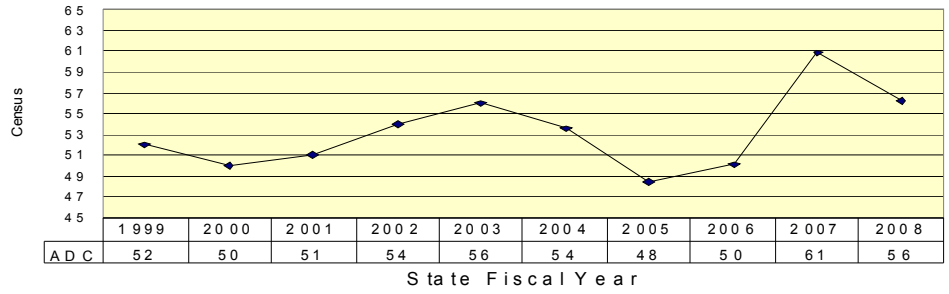
- Interdepartmental Coordination (DOC and DPHHS)
  In October of 2006, a cooperative treatment agreement was established between the Department of Corrections and DPHHS to assist in diverting probationers in the community who were at high risk of revocation and return to prison for continued substance abuse. Eight beds were set aside for this purpose and in the nine months of operation in FY07, there were 35 referrals for a completion rate of 80%. In FY08 they increased the number served to 51 referrals for a 92% completion rate.
- Adjusting service delivery to focus on sub-acute care
  Over the biennium, the amount of lower level of care provided has been reduced and the facility has focused on increasing the service delivery to meet the needs of patients who meet the sub-acute Level of Care criteria as defined by the American Society of Addiction Medicine, Patient Placement Criteria for Level III.7. In part this has been possible by the development of lower level of care community based services allowing us to focus more on the seriously compromised individuals with co-occurring addictions and psychiatric disorders as well as sub-acute medical needs.
- Patient Satisfaction
  Despite the barriers and challenges faced, the staff of MCDC continues to work tirelessly to provide excellent treatment. This is evidenced by a consistent patient satisfaction rate over a 90% rating of good or better; with FY07 at 91% and FY 08 at 95%.

Challenges

- Recruitment of highly skilled staff
  MCDC has experienced a great deal of difficulty in the recruitment of a physician, advanced practice registered nurse, registered nurses and a mental health clinical supervisor. These are key medical/clinical staff and the vacancies have impacted the continuity of patient care, supervision and integrated treatment.
- Retention of patients in treatment
  MCDC has experienced a higher rate of patient elopement from treatment in the first five to ten days following admission. In part this is due to a higher incidence of opiate addicted patients who are harder to stabilize upon entering treatment. Medication management with specialized medication, which requires a DEA waiver on a physician's license, is a critical component in this stabilization. The facility has not had a physician with this waiver employed recently, but has in the past seen success with this intervention.

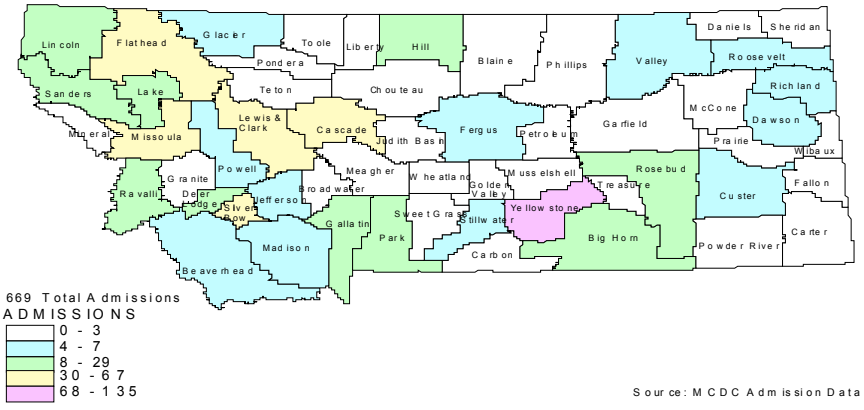
- Consistent availability of community based lower levels of care
  Transitioning patients from a higher level of care back into the community can be challenging and particularly so for co-occurring addicted and psychiatric disordered patients. The co-occurring disordered patient has specialized needs and the risk of relapse increases significantly without consistent continued care resources in the community. Recent community developments have been helpful but not adequate to meet the need.
- Providing consistent quality care with limited staffing resourcesManagement of an inpatient, sub-acute care facility with patients who not only have co-occurring addictions and psychiatric disorders, but also physical complications, is a challenging task with only 54.25 FTE. When illness, vacation or vacancies occur, the remaining staff are extremely stressed and challenged to continue to provide the desired quality patient care

Montana Chemical Dependency Center – Historical Average Daily Census



Source: MCDC Program Reports

Montana Chemical Dependency Center – Admissions SFY 2008



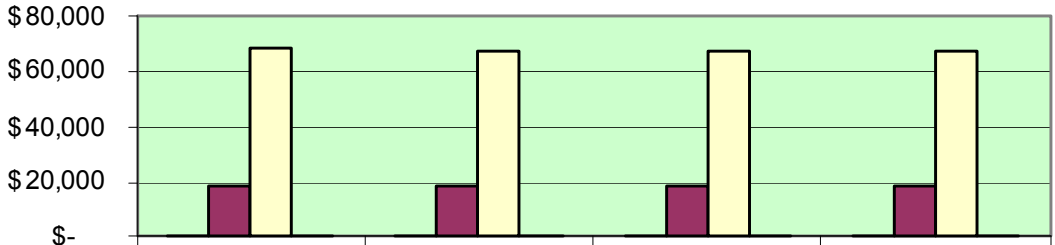
Source: MCDC Admission Data

Montana Chemical Dependency Center – Treatment Data

Admissions	1995	% 1995	2004	% 2004	2008	% 2008
Male	864	75%	363	59%	397	59%
Female	288	25%	255	41%	272	41%
Total	1152	100%	618	100%	669	100%
Primary Drug						
Alcohol	835	72%	333	54%	433	65%
Methamphetamine	124	11%	163	26%	60	9%
Marijuana/Hash	126	11%	66	11%	70	10%
Heroin	8	1%	8	1%	3	<1%
Other	59	5%	48	8%	103	15%

Source: MCDC Program Reports

Montana Chemical Dependency Center – Revenue Collections SFY 2008 – SFY 2011 Projected



	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Medicaid	$442	$442	$442	$442
Private	$18,020	$17,952	$17,952	$17,952
Insurance	$68,435	$67,728	$67,728	$67,728
Medicare	$632	$632	$632	$632

Projected SFY 2009, 2010, 2011 revenues based on estimated 2009 average daily census through 9/30/08 of 55.89 people.

Source: DPHHS/Institutional Reimbursements